N22 000003960

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

RESCUE GENERA NAME OF CORPORATION:	THON INC		
N22000003960 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
	(Name of Contact Perso	on)	
MADE IN BRAZIL SERVICES SARASOTA			
	(Firm/ Company)		
3650 WEBBER ST. UNIT G			
	(Address)		
SARASOTA, FL 34232			
	(City/ State and Zip Coo	de)	
MIBSSARASOTA@HOTMAIL.COM			
E-mail address: (to be used	for future annual report	notification	1)
For further information concerning this matter, please	call:		
9412504074	at		9AM - 6PM
(Name of Contact Person) (A	vrea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida Dep	partment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi) Filing Fee leate of Status led Copy tional Copy is (sed)
Mailing Address Amendment Section	<u>Stree</u> Amen	t Address idment Secti	ion
Division of Corporations		ion of Corpo	

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

RESCUE GENERATION INC		
Name of Corporation as currently filed with the Florida D	Dept. of State)	<u>_</u>
N22000003960		
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the follo	wing
A. If amending name, enter the new name of the corporati	ion:	
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	The tion" or "incorporated" or the abbreviation "Corp." or "h	new nc. "
B. Enter new principal office address, if applicable:	\$. 8	
(Principal office address <u>MUST BE A STREET ADDRESS</u>))	
	<u></u>	
		; !
C. Pater and additional days if and backles	<u> </u>	o I
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u>. </u>
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	- Tri	O)
D. If amending the registered agent and/or registered offic	ice address in Florida, enter the name of the	
new registered agent and/or the new registered office a	address:	
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:		
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent. I am fan		

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange X Remove X Add	PT John Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	CEO	EVALTE F DA SILVA JR	8220 LAKEWOOD RANCH BLVI APT 202, BRADENTON, FL 3420
Remove			
2) Change Add			
Remove			
4) Change Add			
Remove			PH 2: 58
Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional shed		icles, enter change(s) here: (Be specific)	
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The date of each amendment(s) adoption: date this document was signed.	if othe	r than the
Effective date <u>if applicable</u> :) more than 90 days after amendment file date)	
(no	nore than 90 days after amendment file date)	
Note: If the date inserted in this block does n document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed of State's records.	as the
Adoption of Amendment(s) (Q	CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)	

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Dated Signa	Thirt A L
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	CRISTIANE E DE ALMEIDA
	(Typed or printed name of person signing)

(Title of person signing)

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

FILED PM 2:58