Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email:	Address:			
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COR AMND/RESTATE/CORRECT OR O/D RESIGN NEANDRO SILVA SUPPORT CENTER CORP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment to Articles of Incorporation of

NEANDRO SILVA SUPPORT CENTER CORP					
Name of Corporation as currently filed with the F	lorida Dept. of State)				
N23000000258					
(Documer	nt Number of Corporation (if known)				
Pursuant to the provisions of section 617,1006, Florid imendment(s) to its Articles of Incorporation:	la Statutes, this Florida Not For Profit Corporation ade	opts the following			
A. If amending name, enter the new name of the co	orporation:				
		The new			
name must be distinguishable and contain the word "company" or "Co." may not be used in the name.	corporation" or "incorporated" or the abbreviation "C	lorp," or "Inc."			
B. <u>Enter new principal office address,</u> if applicable Principal office address <u>MUST BE A STREET AD</u>					
	-				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u></u>				
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		一意 2 2			
 If amending the registered agent and/or registered new registered agent and/or the new registered 	red office address in Florida, enter the name of the	PH			
new registered agent and/or the new registered	office andress:	m _v			
Name of New Registered Agent:		~~~~~~~~~~~~~~~~~~~~~~			
		िल्ल ०			
	(Florida street address)				
New Registered Office Address:					
<u> </u>	, Florida	<u> </u>			
	(City) (Zip Cod	de)			
New Registered Agent's Signature, if changing Reginereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligations of the pos	sitton.			
	Signature of New Registered Agent, if changing				

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Fax. 8134365206

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: X.Change X.Remove X.Add	$\underline{V} = \underline{Mik}$	<u>n Doe</u> e Jones v Smith	
Type of Action (Check One)	Title	Name	Address
1) Change Add	Director	ANDRE SILVA, GERSON	501 EAST LAS OLAS BLVD, SUITE 300 FORT LAUDERDALE, FL 33301
X Remove 2) Change Add			
Remove 3) Change Add Remove			2024 SEC T/2
4) Change Add			DEC-2
Remove 5)ChangeAdd			
Remove 6) Change Add			
E. Hamending or ac (attach additional)	dding additional A sheets, if necessary,	rticles, enter change(s) here:). (Be specific)	

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						OF STATE SSEE, FL	: 21	
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The date of each amendment(s) adoption date this document was signed.	n:		_				_, if oth	ier than th
Effective date <u>if applicable:</u>								
Effective date <u>if applicable</u> :	(no more tha	m 90 days af	ler amendn	wnt _e file da	(c)			
Note: If the date inserted in this block doe locument's effective date on the Department's	es not meet thent of State's	ie applicable records.	statutory f	iling requit	ements, this o	date will not	be listed	d as the
Adoption of Amendment(s)	(CHECK C	ONE)						
☐ The amendment(s) was/were adopted								

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12/2/2024 13:20:08 PST

was/were sufficient for approval.

idopted by the b	inbers or members entitled to vote on the amendment(s). The amendment(s) was/were out of directors.			
Dated	12/02/2024			
Signatur	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)			
	Talita Rodrigues Lima			
	(Typed or printed name of person signing)			
	Member			
	(Title of person signing)			

2024 DEC -2 PM 1: 20
SECRETARY OF STATE
TAIL AHASSEE. FL