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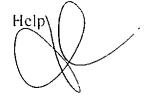
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	<sub>DN:</sub> VIDA MAXI	MA HUMA	NRIGHT	S INC.		
DOCUMENT NUMBER:	N23000004927					
The enclosed Articles of An	nendment and fee are sub	mitted for filing.				
Please return all correspond	ence concerning this matt	er to the following	::			
LOVETTE DOBSON						
		(Name of Contact	t Person)			~
					1.	2023 DEC 21
		(Firm/ Comp	any)		207	<u>~</u>
17350 STATE HWY 249 #	220				<u></u> دن	
		(Address	)			Ģ
HOUSTON TX 77064					7517 T	9th 9: 46
		(City/ State and Z	ip Code)			
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	-mail address: (to be used	d for future annual	report notification	ι)		
For further information con-	cerning this matter, please	call:				
LOVETTE DOBSON			at	8884623453		
	(Name of Contact Person	1)	(Area Code)	(Daytime Teleph	one Numl	per)
Enclosed is a check for the f	ollowing amount made p	ayable to the Flori	da Department of	State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional cor enclosed)	Certifi by is Certifi	O Filing Fee icate of Status icd Copy tional Copy is seed)		
Division of P.O. Box	ent Section of Corporations		Street Address Amendment Secti Division of Corpo The Centre of T 2415 N. Monroe	orations	0	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

## VIDA MAXIMA HUMAN RIGHTS INC.

(Name of Corporation as currently filed with the Florida	Dept. of State)	
N23	3000004927	
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this Florida Not For Profit C	forporation adopts the following
A. If amending name, enter the new name of the corpora	ation:	
name must be distinguishable and contain the word "corpor, "Company" or "Co," may not be used in the name.	ration" or "incorporated" or the a	The new bbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u>S</u> )	
		2023 DEC
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2
		37. AH 9.
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		name of the
Name of New Registered Agent:	Luane Vasq	ues
New Registered Office Address:	2431 Aloma Ave (Florida street d	<del></del>
<u> </u>	Vinter Park	Florida 32792
	(Ciṇ)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	iamilian with and accept the obliga	ilk.
,	Signature of New Registered Agen	t, 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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) Change Add	_ D	WAGNER S DE ALMEIDA	3001 ALOMA AVENUE 23 SUITE 220
Remove 2) Change Add	D_	ALEXANDRE S PINHEIRO	WINTER PARK, FL 32792 C 3001 ALOMA AVENUE SUITE 220
X Remove Change Add X Remove	D_	CATIA L DA SILVA VASQUES	WINTER PARK, FL 32792 9 3001 ALOMA AVENUE 5 SUITE 220 5 WINTER PARK, FL 32792
4) Change Add	D	Catia Luane Da Silva Vasques	3001 Aloma Ave. Ste 220
Remove  5) Change Add	D	Alexandre Saraiva Pinheiro	Winter Park, FL 32792  2431 Aloma Ave. Suite 259
Remove 6) Change Add	D	Miguel Alexandre Vasques Saraiva	Winter Park, FL 32792  2431 Aloma Ave. Suite 259
		onal Articles, enter change(s) here: essary). (Be specific)	Winter Park, FL 32792

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The date of each amendment(s) adopted date this document was signed.	n:		if other than the
Effective date if applicables			
Effective date (r applicable:	tno more than 90 days after amendment file o	date)	
<u>Note:</u> If the date inserted in this block do document's effective date on the Department.	is not meet the applicable statutory filing requent of State's records.	uirements, this date will not be	: listed as the
Aduption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopte was/were sufficient for approval.	by the members and the number of votes eas	st for the amendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated	December 19, 2023
Signature	(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)
	Catia Luane Da Silva Vasques
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)