Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000192321 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: ASSURED ACCOUNTING AND TAX SERVICES

Account Number : I20180000048 Phone

: (954)793-0353

Fax Number

: (954)944-3163

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

Email Address: ASSUREDTAX. ANDREA.

COR AMND/RESTATE/CORRECT OR O/D RESIGN ASSURED ACCOUNTING AND TAX, 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

(((H240001923213)))

Articles of Incorporation	((()))		, ,
Assured Accounting and Tax, Corp.			
(Name of Corporation as currently filed with the Florida Dept. of State)		
P0900001496			
(Document Number of Corporation (if known)	****		<u> </u>
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the fits Articles of Incorporation:	ollowing an	nendment(s)) to
A. If amending name, enter the new name of the corporation:			
	Th	c new	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abb "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must "chartered," "professional association," or the abbreviation "P.A."	reviation "(contain th	Corp.," e word	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
		2 1 1 1 1 1	
C. Enter new mailing address, if applicable:	:	¥ ~	Pt.
(Mailing address MAY BE A POST OFFICE BOX)	,	- I	
		<u> </u>	(1971)
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	₽ 17	П
	्नं,	ي وَ	フ
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	<u> </u>	2	
	- 5	ယ	
Name of New Registered Agent			
(Florida street address)			
New Registered Office Address:, Florida	<i>a</i> : a t		
(City)	(Zip Code)	J	
		•	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the po-	sitlon.		
Signature of New Registered Agent, if changing			
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.			

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: (((H24000192321 3)))

(Attach additional sheets, if necessary)

Example:

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.

X Change	PT John	n <u>Doe</u>	
X Remove	<u>Y</u> <u>Mik</u>	se Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	Title	Name	<u>Address</u>
l) Change	<u>s</u>	Anapaula Ferreira	3170 N. Federal Hwy Ste 204-F
X Add			Lighthouse Point, FL 33064
Remove			021 HA
2) Change	_S	Paulo Ferreira	3170 N. Federal Hwy \$15 204-F
Add		•	Lighthouse Point, FL 33064
X Remove 3) Change			
Add			23
Remove			·
4) Change			
			<u></u>
Remove			
5)Change			
Add			
Remove			
6) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			

f amending or adding additional Ar Attach additional sheets, if necessary).	(Be specific)	(((H240	000192321
	····		 ,
<u> </u>			
			
		 -	
	<u> </u>		
		:	202
		<u></u>	ੋਂ= ਹਵ
······································		3 · ·	
		Ξ. ,	$\frac{\omega}{}$
		SS	> 17
		-	AH 9: 23
		<u>: 11</u>	ج بي
an amendment provides for an exc	nange, reclassification, or cancellation of issued shares.	٠,	123
provisions for implementing the ame	endment if not contained in the amendment Itself:		
(у ног аррисавіе, таксые імя)			
			
			
			

The date of each amendment(s) add	ption:	, if other than the
date this document was signed.		(((H24000192321 3)))
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, thertment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ed by the shareholders. The number of votes cast for the amenda cient for approval.	nent(s)
must be separately provided for earthe number of votes cast for	ved by the shareholders through voting groups. The following statch voting group entitled to vote separately on the amendment(s): The amendment(s) was/were sufficient for approval (voting group)	
Dated <u>N</u> Signature	May 31 st 2024 p	M 9: 23
(By a dire selected,	ctor, president or other officer - if directors or officers have not be by an incorporator - if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	
-	ANDREA FERREIRA	
•	(Typed or printed name of person signing)	
_	CEO	
	(Title of person signing)	