P130000 928 14

(Re	questor's Name)	·
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(Cit	ry/State/Zip/Phone	· #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: HTR BUSINESS,	CORP				
DOCUMENT NUN	IBER: P13000092814					
	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	tter to the following:				
	SHIRLEY SILVA					
	Name of Contact Person					
	TAX & ACCOUNTING SOLUTIONS FIRM, INC					
	Firm/ Company					
10100 W SAMPLE ROAD #330						
	Address					
	CORAL SPRINGS, FLORIDA 33065					
		City/ State and Zip Code	e			
	SHIRLEY@TAXACCOUNT	TINGSOLUTIONSFIRM.C	COM			
	E-mail address: (to be us	sed for future annual report	notification)			
For further informati	on concerning this matter, pleas	se call:				
SHIRLEY SILVA		at (<u>954</u>	9069689			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Ar Di P.C	ailing Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Divisio The C 2415 i	Address Innent Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303			

Articles of Amendment to Articles of Incorporation of

HTR BOSINESS,CORP	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P13000092814	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Agent N/A	
(Florida st	reet uddress)
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 familiar	
6)
Signature of New R	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:

(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	<u>PT</u>	<u>John De</u>	<u>oe</u>	
X Remove	\underline{V}	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Saliy Sı	mith_	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP		SHIRLEY CARVALHO SILVA	8019 NW 66TH WAY
Add X Remove				PARKLAND, FL 33067
2) Change		_		
Add				
Remove 3) Remove		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

I. If amending or	adding additional Art al sheets, if necessary).	icles, enter change(s	<u>) here</u> :		
√Attaen daantoni VA	ui sneeis, y necessary).	(ne specific)			
	<u> </u>				·
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			-		
					
					<u> </u>
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If an amendme	ent provides for an exc	hange, reclassification	on, or cancellation	of issued shares,	
provisions for	implementing the am	endment if not conta	ined in the amend	ment itself:	
	licable, indicate N/A)				
A 					
<u>-</u>					
	<u> </u>				
	<u></u>				
					
	·				-

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The date of each amendment(s) ac	08/29/2022 Jantian:	, if other than the
date this document was signed.	<u> </u>	in other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder a	action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendme fficient for approval.	:nt(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
08/29/2022 Dated	$\frac{1}{\sqrt{n}}$	
Signature		
selected	rector, president or other officer – if directors or officers have not bed. by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)	
	Heitor da Silve	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)