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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : JULIO C BARBOSA P.A. DBA BARBOSA LEGAL

Account Number : I20110000049 Phone : (305)501-4680 Fax Number : (305)359-9543

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

Email Address: renewals@barbosalegal.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN STEFANO BARBOSA PA

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: STEFANO BARBOSA PA DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Erika Kitaoka da Silva Name of Contact Person Barbosa Legal Firm/ Company 407 Lincoln Road PII-NE Address Miami Beach, FL 33139 City/ State and Zip Code renewals@barbosalegal.com E-mail address. (to be used for future annual report notification) For further information concerning this matter, please call: Erika Kitaoka da Silva Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □S43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

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The Centre of Tallahassee

Tallahassee, Fl. 32303

2415 N. Monroe Street, Suite 810

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Articles of Amendment

to

Articles of Incorporation

of

| (Name of Corporation as | currently filed with the Florid | da Dept. of State) | |
|--|---|--|-----------------------|
| P15000001616 | | | |
| (Document N | umber of Corporation (if know | n) | |
| Pursuant to the provisions of section 607.1006, Florida Statuts Articles of Incorporation: | tes, this Florida Profit Corpor | ation adopts the following a | imendment(s |
| A. If amending name, enter the new name of the corpora | ation: | | |
| | | | he new |
| name must be distinguishable and contain the word "corpora "Inc" or Co.," or the designation "Corp," "Inc," or " "chartered," "professional association." or the abbreviatio | "Co". A professional corpor | orated or the appreviation ation name must contain p | Ump., ∯uword |
| B. Enter new principal office address, if applicable: | N/A | · | H "M |
| Principal office address MUST BE A STREET ADDRESS | Σ) | | — ,——— — ,——— D |
| | | | 71mg |
| | | , - | |
| C. Enter new mailing address, if applicable: | N/A | 7.15 | э Э |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | | • , | |
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| | | | |
| | *** | | |
| D. If amending the registered agent and/or registered of | See address in Florida, enter | the name of the | |
| new registered agent and/or the new registered office | | the manie of the | |
| Name of New Registered Agent N/A | | | |
| Name by New Registered Agent | · | | |
| | Varida street address) | | |
| | | | |
| New Registered Office Address: | (City) | , Florida | Ini |
| | iciùi | (Zip Coi | ie) |
| | | | |
| | | | |
| | | | |
| New Registered Agent's Signature, if changing Registere | d Agent: amiliar with and accent the ob- | ligations of the nosition. | |
| New Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am f | d Agent: amiliar with and accept the ob. | ligations of the position. | |
| New Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. Lam f | d Agent: amiliar with and accept the ob. | ligations of the position. | |
| New Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am f | d Agent: familiar with and accept the ob | ligations of the position. | |
| New Registered Agent's Signature, if changing Registere liberaby accept the appointment as registered agent. I am f | d Agent: familiar with and accept the ob- of New Registered Agent, if cha | | |
| l hereby accept the appointment as registered agent. I am f | familiar with and accept the ob. | | |

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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:

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

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: John Doe X_Change PΤ X Remove V Mike Jones \underline{X} Add SVSally Smith Address Type of Action Title Name (Check One) STEFANO BARBOSA 407 Lincoln Rd 1) ____ Change PH-NE ____ Add Miami Beach FL 33139 บบท __ Remove GUILHERME BARBOSA 407 Lincoln Rd 2) ____ Change PH-NE __ Add Miami Beach FL 33139--__ Remove 3) ____ Change ____ Add ____Remove 4) ____ Change ____ Add ____ Remove 5) Change ____ Add ____ Remove 6) ____ Change ____ Add ____ Remove

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| (Attach additional sheets, if necessary). (Be specific) N/A | | | |
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| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, | | | |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | | | |
| N/A | | | |
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| The date of each amendment(s) a date this document was signed. | doption: | | if othe | r than the |
|---|--|--------------|-------------|-----------------|
| Effective date if applicable: | | | | |
| <u></u> | (no more than 90 days after amendment file date) | | | - |
| Note: If the date inserted in this document's effective date on the E | block does not meet the applicable statutory filing requirements, this date epartment of State's records. | e will no | it be lis | ted as the |
| Adoption of Amendment(s) | (CHECK ONE) | | | |
| ☐ The amendment(s) was/were accion was not required. | opted by the incorporators, or board of directors without shareholder action | n and sha | archold | er: |
| The amendment(s) was/were ac by the shareholders was/were s | opted by the shareholders. The number of votes cast for the amendment(s ufficient for approval. | | | |
| | proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): | nı | 2023 DEC 19 | -71 |
| "The number of votes cas | for the amendment(s) was/were sufficient for approval | <u>;</u> ; | 613 | . न'6-3 टक्क |
| φy | (voting group) | ALL MASSELLE | AM 8: 07 | |
| 12/19/202 Dated | | 25 | 8: 07 | |
| | S/: Edwin Cisneros | | | |
| (By a c selecte | lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary) | | | |
| | Edwin Cisneros on behalf of the firm | | | |
| | (Typed or printed name of person signing) | | | • |
| | Authorized representative of the shareholders | | | |
| | (Title of person signing) | | | - |