P15000026903

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GOMES INSUR	RANCE & ACCOUNTING C	ORP
DOCUMENT NUMBER: P15000026903		<u> </u>
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this r	matter to the following:	
Paulo Gomes		
	Name of Contact Person	n
Gomes Insurance & Accou		•
120 CW 151 C	Firm/ Company	
129 SW 15th Street		
	Address	
Deerfield Beach FL 33441		
	City/ State and Zip Cod	e
paulo@gomesins.com		
<u> </u>	100	
E-mail address: (to be	used for future annual report	notification)
For further information concerning this matter, ple	ease call:	
Paulo Gomes	954 	531-1451
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount mad	le payable to the Florida Depa	ortment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

GOMES INSURANCE & ACCOUNTING CORP

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P15000026903	
(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)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" (Corp., "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	. 2
(Principal office address MUST BE A STREET ADDRESS)	75. 19
	2
	,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AM
(Mining data ess MAT BE A FOST OF ITEL BOX)	
O. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Agent	
(Florida st	veet address)
Non-Books 100 111	
New Registered Office Address:	(City) (Zip Code)
	(21) Chary
New Registered Agent's Signature, if changing Registered Agent	:
hereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of the position.
Signature of New R	Registered Agent, 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:	ove, ana san	ty Smun, SV as an Ada.	
X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Ana Paula Gomes	833 Siesta Key Dr APT 818 Decrficia beach
x Add			T-L, 33441
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	_		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additic</i>	or adding additional Aronal sheets, if necessary).	. (Be specific)			
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r an amenum provisions fo	ent provides for an exc r implementing the am	hange, reclassificati	on, or cancellation	of issued shares,	
(if not ap	plicable, indicate N/A)	enament if not coma	aneg in the amendi	nent itsen:	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
(By a director) president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Paulo Gomes	
(Typed or printed name of person signing)	
Presedent	
(Title of person signing)	