P15000047418

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N/C Amena



A. RAMSEY OCT 2 4 2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	RPORATION: MBN FAMILY SI	ERVICES CORP		
	UMBER: P15000047418			
The enclosed Art	icles of Amendment and fee are su	ibmitted for filing.		
Please return all o	correspondence concerning this ma	atter to the following:		
	ALEXANDRA LOZANO			
		Name of Contact Person		
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·	
	8305 W ATLANTIC BLVD			
	CORAL SPRINGS, FL 3307	Address		
	<u> </u>	City/ State and Zip Code		
	maxi8317@aol.com			
	E-mail address: (to be u	sed for future annual report	notification)	
For further inforr	nation concerning this matter, plea	se call:		
ALEXANDRA I	OZANO	at (954	224-2348	
N	ame of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a che	ck for the following amount made	payable to the Florida Depa	rtment of State:	
S35 Filing Fo	ee	S43.75 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

MBN FAMILY SERVICES CORP

2022 JUL 26 AM 8: 06

WIBN PAMIL F SERVICES CORF	
(Name of Corporation	on as currently filed with the Florida Dept. of State)
P15000047418	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the co	rporation:
MBN SERVICES CORP	Thenew
	orporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>)	<u>X</u>)
D. If amending the registered agent and/or register new registered agent and/or the new registered of	
Name of New Registered Agent	
- .	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent. I	istered Agent: I am familiar with and accept the obligations of the position.
Çi	ture of New Registered Agent, if changing
Signa	time of their negistered agent, if changing
Check if applicable	

 \Box 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)

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	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach a	dditional sheet:	additional Art s, if necessary).	(Be specific)				
					<u> </u>		
	<u> </u>				_ _		
	_						
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			<u> </u>				
	 · ·						
lf an a <u>m</u>	<u>endment prov</u>	ides for an excl	hange, reclassi	ification, o <u>r ca</u>	ncellation of is	sued shares,	
provisio	ons for implem	nenting the amo	endment if not	contained in t	the amendmen	<u>t itself:</u>	
(ij z	iot applicable.	maicaie N/A)					
				_			
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						· · · · · · · · · · · · · · · · · · ·	
							

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The date of each amendment(date this document was signed.	s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more man 30 days after amenament fire date)	
	is block does not meet the applicable statutory filing requirements e Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareho	lder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the ame re-sufficient for approval.	ndment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated <u>O</u>	7.19.22	
Signature	Marcos Tulio Dias de Souza.	
sele	a director, president or other officer – if directors or officers have neeted, by an incorporator – if in the hands of a receiver, trustee, or ot pointed fiduciary by that fiduciary)	
	MARCOS TULIO DIAS DE SOUZA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

. . . .