P15000100828

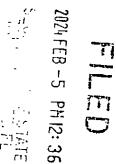
(Re	equestor's Name)	-
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NUFACTURING DESIGN	S INC.					
	Ţ.,. <u>.</u>					
ubmitted for filing.						
atter to the following:						
Name of Contact Person	n					
MTA & ASSOCIATES						
Firm/ Company						
7975 NW 154 STREET STE 430						
Address						
City/ State and Zip Cod	e					
ised for future annual report	notification)					
ase call:						
at (827-6088					
Area Co	de & Daytime Telephone Number					
payable to the Florida Depa	artment of State:					
☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)					
	Address					
	Iment Section on of Corporations					
	Name of Contact Person Firm/ Company E 430 Address City/ State and Zip Codused for future annual report ase call: at (305 Area Co payable to the Florida Deputation of Contact Copy (Additional copy is enclosed) Street Amend					

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

FILED

to

(Name of Corporation	n as currently f	702). iled with the Florida D	Pent of Stat	RM 12: 35
P15000100828	n as carrenage			
(Docume	ent Number of C	orporation (if known)	·	- <u></u>
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Flo	orida Profit Corporatio	n adopts the	following amendment(
A. If amending name, enter the new name of the con	rporation:			
				The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A p	npany," or "incorporate professional corporatio.	ed" or the al n_name_mu:	obreviation "Corp.," st contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>	(RESS)			
Trincipal office dualess signal be you when the	, , , , , , , , , , , , , , , , , , ,			
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO)	<u>X</u>)			·····
				
D. If amending the registered agent and/or register	ed office addre	s in Florida, enter the	name of the	<u>:</u>
new registered agent and/or the new registered of	office address:			
Name of New Registered Agent				
	(Florida stree	(address)		
v n i low All i	(1 112) 1114 21 66		, Florida	
New Registered Office Address:	10	uy)	, 1 101102	(Zip Code)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent.	<mark>istered Agent:</mark> I am familiar wil	h and accept the obliga	ttions of the p	position.
Signa	tture of New Reg	istered Agent, if changi	ng	
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)

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.

Evample: 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
I) Change			
Add			
Remove			
2) Change			
Add			
Remove 3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Allach additional st	ing additional Articles, enter chareets, if necessary).—(Be specific)			
				
				
			-	
				
	<u> </u>			
	tt f	:Castian or appeallation :	efficered charge	
F. If an amendment provisions for im	provides for an exchange, reclass plementing the amendment if not	contained in the amenda	nent itself:	
(if not applica	hle, indicate N/A)			
RODRIGO S. SEQUE	IRA HAS 50% OF HIS SHARES :	NOW OWNES 0%		
URANIA SEQUEIRA	HAS 50% OF HER SHARES NO	W OWNES 0%		
WILYANDER PEREZ	NOW OWNES 100% OF HIS SE	HARES		
		· ·		

01/22/2024 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 will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval. **B** 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 east for the amendment(s) was/were sufficient for approval (voting group) 01/27/2024 Dated Signature (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 tiduciary by that fiduciary) RODRIGO S. SEQUEIRA (Typed or printed name of person signing) PRESIDENT

(Title of person signing)