## P16 000000657Z

| (Re                     | questor's Name)   |             |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
| (Ad                     | dress)            |             |
| (Cit                    | y/State/Zip/Phone | <b>⇒</b> #) |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nan | ne)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |

Office Use Only



400336715834

11/19/19--01010--026 \*\*35.06

2015 NOV 19 AM II: 50 SECONDANCE OF STAIR

Anund

DEC 17 2019
I ALBRITTON

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

| NAME OF CORPOR           | ATION: W SILVA SERVI  | CES INC  |   |
|--------------------------|---|--|---|
| DOCUMENT NUME            | D16000006573  |  |   |
| The enclosed Articles    | of Amendment and fee are su   | bmitted for filing.  |   |
| Please return all corres | pondence concerning this ma   | tter to the following:   |   |
|                          | WANDERLEY DA SILVA  | NEVES  |   |
|                          |   | Name of Contact Person   | n   |
|                          |   | Firm/ Company  |   |
|                          | 4211 4th St W   |  |   |
|                          | LEHIGH ACRES, FL 33971  | Address  |   |
|                          |   | City/ State and Zip Cod  | c   |
| wsilv                    | ı.wanderlei@outlook.com   |  |   |
|                          | E-mail address: (to be us   | sed for future annual report                                       | notification)   |
| For further information  | concerning this matter, pleas   | se call:   |   |
| Wallace Assis            |   | at (   | 6285220   |
| Name o                   | f Contact Person  | Area Co  | de & Daytime Telephone Number   |
| Enclosed is a check for  | the following amount made   | payable to the Florida Depa  | artment of State:   |
| S35 Filing Fee           | ☐\$43.75 Filing Fee & Certificate of Status                             | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)    |
| Ame<br>Divi<br>P.O.      | ndment Section<br>sion of Corporations<br>Box 6327<br>shassee, FL 32314 | Ameno<br>Divisio<br>Clifton<br>2661 E                              | Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301 |

## Articles of Amendment to Articles of Incorporation

of W SILVA SERVICES INC (Name of Corporation as currently filed with the Florida Dept. of State) P16000006572 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New 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 <math>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>    | John Doe                 |                       |  |  |
|----------------------------|--------------|--------------------------|-----------------------|--|--|
| 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       |  |  |
| l) Change                  | D            | ADNILTON TERTULIANO LUNA | 4211 4TH ST W         |  |  |
| X Add                      |              |                          |                       |  |  |
| Remove                     |              |                          | LEHIGH ACRES FL 33971 |  |  |
| 2) Change                  |              |                          |                       |  |  |
| Add                        |              |                          |                       |  |  |
| Remove                     |              |                          |                       |  |  |
| 3 ) Change                 |              |                          |                       |  |  |
| Add                        |              |                          |                       |  |  |
| Remove                     |              |                          |                       |  |  |
| 4) Change                  |              |                          |                       |  |  |
| Add                        |              |                          |                       |  |  |
| Remove                     |              |                          |                       |  |  |
| 5) Change                  |              |                          |                       |  |  |
| Add                        |              |                          |                       |  |  |
| Remove                     |              |                          |                       |  |  |
| 6) Change                  |              |                          |                       |  |  |
| Add                        | -            |                          |                       |  |  |
| Remove                     |              |                          |                       |  |  |

| f amending or adding additional Arti<br>Attach additional sheets, if necessary). | (Be specific)  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| <u> </u>   |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| · = · · · · · · · · · · · · · · · · · ·  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| f an amendment provides for an each  | nange, reclassification, or cancellation of issued shares, |
| provisions for implementing the amer   | ndment if not contained in the amendment itself:           |
| (if not applicable, indicate N/A)  |  |
| _ <del></del>  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

| The date of each amendment(s) adde this document was signed.          | idoption:   | , if other than the       |
|---|---|---------------------------|
| Effective date if applicable:   |   |                           |
|   | (no more than 90 days after amendment file date)  |                           |
| Note: If the date inserted in this document's effective date on the D | block does not meet the applicable statutory filing requirements, this date vepartment of State's records.  | will not be listed as the |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )  |                           |
| ☐ The amendment(s) was/were ac<br>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 reach voting group entitled to vote separately on the amendment(s):   |                           |
| "The number of votes cas  | t for the amendment(s) was/were sufficient for approval   |                           |
| by  |   |                           |
|   | (voting group)  |                           |
| ■ The amendment(s) was/were ac action was not required.               | opted by the board of directors without shareholder action and shareholder  |                           |
| ☐ The amendment(s) was/were ac action was not required.               | opted by the incorporators without shareholder action and shareholder   |                           |
| 10/31/201<br>Dated  | 9   |                           |
| Signature Wa  | rdeli da Sika Kris.   |                           |
| (By a<br>select   | director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary) |                           |
|   | WANDERLEY DA SILVA NEVES  |                           |
|   | (Typed or printed name of person signing)   | <del></del>               |
|   | PRESIDENTE  |                           |
|   | (Title of person signing)   |                           |