Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000202078 3)))



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Division of Corporations

Fax Number : (858)617-6388

From:

Account Name : MBA SERVICES LLC Account Number : 120230000024 Phone : (561)317-8154 : (754)663-5154 Fax Number

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

Email Address:___

COR AMND/RESTATE/CORRECT OR O/D RESIGN LIMA VERDE SERVICES INC.

Certificate of Status	0
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1/1

Articles of Amendment to Articles of Incorporation

LIMA VERDE SERVICES INC	
(Name of Corporation as curr	ently filed with the Florida Dept. of State)
P16000092169	
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Suitutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation	<u>ı:</u>
	The new
name must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P	," "company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
•	923
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	32.3
	J. J.
C. Enter new mailing address, if applicable:	9
(Mailing address MAY BE A POST OFFICE BOX)	
	φ
	The state of the s
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	address in Florida, enter the name of the tress:
Name of New Registered Agent	
Name of New Registered Agent	
(FT-vi)	io street address)
(rtoru	ta street adurens)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A	gent:
Thereby accept the appointment as registered agent. I am fami	uar with and accept the obligations of the familion.
Signature of N	ew Registered Agent, if changing
Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120	(11) (c), F.S.

Example:

(((H230002020783)))

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 Doc 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	PT	<u>ioim Da</u>	<u>se</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	Titlç		Name	Address 2023
1) Change	V		MICHELE P LIMA VERDE	7914 SEVILLE PL APT 1803
X Add				BOCA RATON, FL, 33433 5
Remove				
2) Change				
Add				
Remove Change				
Add				
Remove				
4) Change				
Add				
Remove				
3) Change				
Add				
Remove				
6) Change				
Add				
Remove				

). (Be specific)				
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provisions for implementing the am	change, reclassificati nendment if not cont	ion, or cancellatio sined in the amen	n of issued share dment itself:	<u>3.</u>	
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To: Amendment-

Page: 5 of 5

From: Michele Verde

2023-06-05 13:00 48 GMT 17546635154 (((H230002020793)))

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 document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required	action and shareholder
U The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	7023
"The number of votes cast for the amendment(s) was/were sufficient for approval	1023 JUN
by	5 5
(votate group)	S S S S S S S S S S S S S S S S S S S
06/02/2023 Dated	64:6-H
Signature Amigo Line Fucle.	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other of appointed fiduciary by that fiduciary)	
APRIGIO CELSO LIMA VERDE SOBRINHO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	