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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MOZELLI TILE	& CLEANING SERVICES	S INC		
DOCUMENT NUMI	D12000022				
The enclosed Articles	of Amendment and fee are su	abmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	LUIZ CARLOS DIAS				
		Name of Contact Perso	n		
	MOZELLI TILE & CLEANING SERVICES INC				
		Firm/ Company			
	1007 SE 27TH TER	2004,400			
		Address			
	CAPE CORAL, FL 33904				
		City/ State and Zip Cod	e		
	INFO@ACCOUNTANTCA	PECORAL.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
ror further information	concerning this matter, pleas	se call:			
LUIZ CARLOS DIAS	8	954 at (404-4903		
Name o	f Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	■S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divis P.O.	ing Address Indirection Indire	Amend Divisio The Co 2415 N	Address Iment Section In of Corporations Control of Tallahassee I. Monroe Street, Suite 810 Ssee, FL 32303		

Articles of Amendment Articles of Incorporation of

MOZELLI TILE & CLEANING SERVICES INC

	tion as currently filed with the Florida Dept. of State)
P17000022813	tion as currently filed with the Florida Dept. of State)
	ment Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florid s Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment
If amending name, enter the new name of the c	corporation:
	The new
ame must be distinguishable and contain the word "c Inc.," or Co.," or the designation "Corp." "Inc, chartered," "professional association," or the abbro	corporation," "company," or "incorporated" or the abbreviation "Corp.,", or "Co". A professional corporation name must contain the word reviation "P.A."
. Enter new principal office address, if applicable	le:
Principal office address <u>MUST BE A STREET AD</u>	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OV.
(Maning duaress MAT BE A POST OFFICE BO	<u></u>
. If amending the registered agent and/or register	red office address in Florida, enter the name of the
new registered agent and/or the new registered	office address:
Name of New Registered Agent	office address:
	office address:
	office address:
	(Florida street address) . Florida
Name of New Registered Agent	office address: (Florida street address)
Name of New Registered Agent	(Florida street address) . Florida
Name of New Registered Agent New Registered Office Address:	(Florida street address)
Name of New Registered Agent New Registered Office Address: ew Registered Agent's Signature, if changing Reg	(Florida street address)
Name of New Registered Agent New Registered Office Address: ew Registered Agent's Signature, if changing Reg	(Florida street address)
Name of New Registered Agent New Registered Office Address: ew Registered Agent's Signature, if changing Reg	(Florida street address)
Name of New Registered Agent New Registered Office Address: ew Registered Agent's Signature, if changing Reg	(Florida street address)
Name of New Registered Agent New Registered Office Address: ew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.	(Florida street address)
Name of New Registered Agent New Registered Office Address: ew Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent. Signa	/Florida street address)
Name of New Registered Agent New Registered Office Address: ew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.	/Florida street address)

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 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			
1) Change	D	MARCOS S BRANDAO	1007 SE 27TH TER			
Add			CAPE CORAL, FL 33904			
X Remove						
2) Change						
Add						
Remove 3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
f) Change		-				
Add						
Remove						

(Attach ac	ing or adding addit Iditional sheets, if ne	<u>:ional Articles</u> :cessary). (E	i, enter chang Be specific)	e(s) here:			
PLEASE RI	EMOVE MARCOS	S BRANDAO	AS DIRECT	OR.			
-		_					
							
						·	
						<u> </u>	<u> </u>
		-					
	 -			-			
							
					·		
DIOVISION	ndment provides fo is for implementing of applicable, indicat	<u>the amendm</u>	e, reclassifica ent if not con	tion, or cancella tained in the an	ntion of issued nendment itsel	shares, f:	
							<u> </u>
							
	-						
							
							 -

	NOVEMBER 21, 2024	
The date of each amendment date this document was signed	(s) adoption:	if other than the
Effective date if applicable:	NOVEMBER 21, 2024	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in t document's effective date on the	his block does not meet the applicable statutory filing requirements the Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amerere sufficient for approval.	ndment(s)
☐ The amendment(s) was/wer must be separately provided	e approved by the shareholders through voting groups. The following d for each voting group entitled to vote separately on the amendment	; statement (s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by LUIZ CARLOS I		
<u> </u>	(voting group)	
NOVE Dated	EMBER 21, 2024	
Signature	la prof	
sel	y a director, president or other officer – if directors or officers have no ected, by an incorporator – if in the hands of a receiver, trustee, or otlepointed fiduciary by that fiduciary)	nt been ner court
	LUIZ CARLOS DIAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	