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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: RESTART PROFESSIONAL SERVICES, CORP. DOCUMENT NUMBER: PJ+000058389
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARCELA MONTENEGRO PRATA Name of Contact Person RESTART PROFESSIONAL SERVICES Firm/ Company
5005 WILES RD APT 204
COCENUT CREEK FL 33073 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARCELA PRATA at (415) 632 - 8734 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee

Mailing Address
Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, Fl. 32314

Street Address
Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to

Articles of Incorporation of

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RESTART PROFESSIO	DNAL SER	VICES, CORP	2019
(Name of Corp	oration as currently	filed with the Florida Dept. of S	tate) 18 Pi; 3:5
P17000058389			
Œ	Document Number of	Corporation (if known)	
ursuant to the provisions of section 607,1006, F s Articles of Incorporation:	Norida Statutes, this I	Florida Profit Corporation adopts t	he following amendment(s) to
. If amending name, enter the new name of t	the corporation:		
ame must be distinguishable and contain the	N/A		The new
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation " ord "chartered," "professional association," o	Corp," "Inc." or "C	Lo". A professional corporation i	" or the abbreviation mame must contain the
Enter new principal office address, if appli Principal office address <u>MUST BE A STREET</u>		<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC.) If amending the registered agent and/or renew registered agent and/or the new registered.	gistered office addr		the
Name of New Registered Agent			
	· 		
	/Florida stre		
New Registered Office Address:	N/A	, Flor	ida
	•	(City)	(Zip Code)
New Registered Office Address: Sew Registered Agent's Signature, if changing thereby accept the appointment as registered ag	N /A a Registered Agent:	(City)	
<u>-</u>	N/A		<u>.</u>
	Signature of New R	egistered Agent, if changing	

ddress of each Off. Attach additional sh Please note the office P = President; V = 3 Executive Officer; C weld, President, Trea Thanges should be n t change, Mike Jone	icer and/or Dieets, if necess er/director titl ✓ice President FO = Chief I isurer, Directioted in the formation of the control of the formation of the control of the co	Director being added: sary) le by the first letter of th t; T= Treasurer; S= Se Financial Officer. If a or would be PTD. Howing manner. Curre	he office title: veretary: D= Director: Tk n officer/director holds mo ently John Doe is listed as h is named the V and S. Th	icer/director being removed and title, no R= Trustec; C = Chairman or Clerk; CEO ore than one title, list the first letter of ea the PST and Mike Jones is listed as the V. tese should be noted as John Doe, PT as a) = Chief ich office There is
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	
) Change	٧		MARQUES PRA	TA SÍ 5005 WILES	Rb
X Add	Vice P	RESIDENT		ADT. 204	
Remove				COCONUT CREEK, FL	33073
2) Change					
Add					
Remove					
Change					
Add					
Remove					
					
4) Change					
Add					
Remove					-
i) Change		····			
Add					-
Remove					-
(Change					

_ Add

_ Remove

<u>If amen</u> (Attach <i>a</i>	ding or adding additional Ar additional sheets, if necessary)	ticles, enter chang (Be specific)	e(s) here:		
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If an ar	nendment provides for an ex	change, reclassific:	etion, or cancellat	ion of issued share	·S.
provis	ions for implementing the an not applicable, indicate N/A)	nendment if not cor	ntained in the ame	endment itself:	.
N	A				
			.,.		
					··
		-			

The date of each amendment(s) adoption: 11/04/2019 date this document was signed.	, if other than th
Effective date <u>if applicable</u> :	•
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ 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	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 11/42/2019	
Signature <u>Marcula Montunus Prata</u> (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 fiduciary by that fiduciary)	
MARCELA HONTENEGRO PRATA (Typed or printed name of person signing)	···
President (Title of person signing)	