

(Requestor's Name)				
(Ad	ldress)	·		
	ldress)			
(Au	utess)			
(Cit	ty/State/Zip/Phon	e #)		
_				
PICK-UP	MAIT	MAIL		
	siness Entity Nar			
,50	isiness Emity Ivai	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
				
Special Instructions to	Filing Officer:			

Office Use Only



400370879924

08/02/21--01015--011 **43.75



8/22/21

COVER LETTER

TO: Amendment Section Division of Corporations

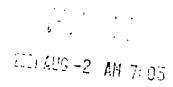
Tallahassee, FL 32314

NAME OF CORPO	RATION: BRAGA'S AUTO	BODY, CORP				
DOCUMENT NUMI						
	of Amendment and fee are sul	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	ELIWAR DECARVALHO					
	-	Name of Contact Persor	1			
	ERC CONSULTING INC					
	-	Firm/ Company				
	4701 N FEDERAL HWY SUITE 470					
	Address					
	POMPANO BEACH, FL 330)64	·			
		City/ State and Zip Cod	e			
For further informatio	E-mail address: (to be us n concerning this matter, pleas					
Name -	of Contact Person	Area Co) de & Daytime Telephone Number			
Enclosed is a check fo	or the following amount made	payable to the Florida Dep	artment of State:			
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



BRAGA'S AUTO BODY, CORP

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name of Corporation	on as currently filed with the Florida Dept. of State) 17 07 0 110	_
P17000075345	The state of the s	• :
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendn	nent(s) to
A. If amending name, enter the new name of the co	orporation:	
TN SOARES PROFESSIONAL SERVICES CORP	The _ne	1147
	orporation," "company," or "incorporated" or the abbreviation "Corp., " or "Co". A professional corporation name must contain the wor	",
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD</u>	<u>DRESS</u>)	
		•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)		
(maining dataress MAT BE A POST OFFICE BO)	<u> </u>	
D. If amending the registered agent and/or registere	red office address in Florida, enter the name of the	
new registered agent and/or the new registered of		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Regi	istered Agent	
I hereby accept the appointment as registered agent. I	I am familiar with and accept the obligations of the position.	
Signal	ture 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)

Example:

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

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	VP D	NELCIANE DE ALMEIDA SOBRES	4638 SW 12th CT
X Add			DEERFIELD BEACH, FL 33442
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	,	_	
Add			
Remove			

(Attach additional	idding additional Arti I sheets, if necessary).	(Be specific)				
					<u> </u>	
		·				.
						
						
						
			<u></u>			
			-		-	
	· · ·					
If an amendmer	t provides for an excl mplementing the ame cable, indicate N/A)	nange, reclassifica	ation, or cancella	ation of issued s	hares,	
(if not appl.	mpiementing the ame cable, indicate N/A)	лашен и поссо	numeu m the ai	nenament itsen	<u>i</u>	
17 17	•					
					···	

	07/26/2021	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
07/2 Effective date <u>if applicable</u> :	26/2021	
	(no more than 90 days c	ifier amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statepartment of State's records.	atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were addaction was not required.	opted by the incorporators, or board of	f directors without shareholder action and shareholder
■ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of the first open of the shareholders.	er of votes cast for the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through vo each voting group entitled to vote sep	ting groups. The following statement parately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were suffic	cient for approval
by	(voting group)	<u>.</u>
	(voting group)	
Dated Of /	18/21 inno Brong Socies	
Signature 1	ina Buno Sona	
(By a d selecte	irector, president or other officer – if d d, by an incorporator – if in the hands ted fiduciary by that fiduciary)	lirectors or officers have not been of a receiver, trustee, or other court
	THIAGO BRAGA SOARES	
	(Typed or printed name of	person signing)
	PRESIDENT	
	(Title of person signing)	