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C. GOLDEN 00T 1 1 2020

## **COVER LETTER**

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TO: Amendment Section Division of Corporations	•
NAME OF CORPORATION: Morei	ra & Moreira CPAs PA
DOCUMENT NUMBER: 180	00002918
The enclosed Articles of Amendment and fee are sul	bmitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Mare	Name of Contact Person  Cira & Moreira CPAs PA
1,4,4,4	Firm/ Company
	4000 NE 168 ST UNIT 104
	Address liami Beach, FL 33160
	City/ State and Zip Code
E-mail address: (to be ds	discretifa cpas gmail.com
For further information concerning this matter, pleas	e call:
Magda T. Moreira	at (305) 898-1784  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made a	payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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  Tallahassee, FL 32314	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			-4
Mor	reira di Moi	reira CPAs PA	1 2022 21 . 27	PH 3: 57
		filed with the Florida Dept. of St.		<u> </u>
	P180000	2918		
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this F	Florida Profit Corporation adopts th	e following amendme	ent(s) to
A. If amending name, enter the new name		^		
	M.T. Morei	ra PA	The nev	1,
name must be distinguishable and contain in "Inc.," or Co.," or the designation "Co" chartered," "professional association," of	orp," "Inc," or "Co". A	ompany," or "incorporated" or the operation name m	abbreviation "Corp.,	••
B. Enter new principal office address, if	f applicable:	4000 NE 168	ST	
(Principal office address MUST RE A STREET ADDRESS)		UNIT 104		
		NORTH MIAMIE	EACH FL	33160
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		4000 NE 168	ST	
		UNIT 104		
		NORTH MIAMI	BEACH, FL	33160
D. If amending the registered agent and new registered agent and/or the new		ess in Florida, enter the name of th	<u>he</u>	
Name of New Registered Agent	Magda	T. Moreira	(sane)	
	4000 NE	168 ST #104	(new a	daress)
-	(Florida stre	et address)		/
New Registered Office Address:	S: NORTH MIAMI BEACH. , Norida 3316		1a 33160	
	(	City)	(Zip Code)	
New Registered Agent's Signature, if challenges the appointment as register		ith and accept the obligations of the	position.	
· <del></del>	Migha	T Molera gistered Agent, if changing	(sane)	
	Signature of New Reg	gistered Agent, if changing	,	

Check if applicable

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

address of each Office (Attach additional sheet Please note the officer/of P = President; V = Vice Executive Officer; CFO President, Treasurer, D Changes should be note	r and/or I is, if neces, lirector tit, Presiden = Chief F irector wo d in the fo eaves the c	Director being added: sury) le by the first letter of the of t; T= Treasurer; S= Secre linancial Officer. If an officuld be PTD. llowing manner. Currentleorporation, Sally Smith is	N   H  office title: stary; D= Director; TR= Trus cer/director holds more than of y John Doe is listed as the PS	tee; C = Chairman or Clerk; CEO = Chief ne title, list the first letter of each office held.  T and Mike Jones is listed as the V. There is noted be noted as John Doe, PT as a Change,
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)	Title	<u>Name</u>		<u>Addres</u> s
1) Change		<u> </u>		
Add			-	
Remove				

2) \_\_\_\_ Change

\_\_\_\_ Add

Remove 3) \_\_\_\_ Change

\_\_\_\_ Add

4) \_\_\_\_ Change

\_\_\_\_ Add

5) \_\_\_\_ Change

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6) \_\_\_\_ Change

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E. Hame	nding or adding additional Articles, e additional sheets, if necessary). (Be	enter change(s) here:	NIA	
(Attaci	additional sneets, if necessary). (be	specijic)		
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F. If an a	mendment provides for an exchange,	reclassification, or canc	ellation of issued shares,	1.0
provi	sions for implementing the amendme	nt if not contained in the	amendment itself:	NA
()	f not applicable, indicate N/A)			•
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than	90 days after amendment file date)
Note: If the date inserted in this block does not meet the applocument's effective date on the Department of State's records	plicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, of action was not required.	or board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	"he number of votes east for the amendment(s)
The amendment(s) was/were approved by the shareholders t must be separately provided for each voting group entitled to	
"The number of votes cast for the amendment(s) was/s	were sufficient for approval
by	n
by(voting group)	
	ficer – if directors or officers have not been the hands of a receiver, trustee, or other court
MAGDA (Typed or printe	9 T. Morejra d name of person signing)
	ER-PRESIDENT-DIRECTOR
(Title of person	