

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

R18000112873

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To:

Division of Corporations
 Fax Number : (850)617-6380

From:

Account Name : WF TAXES AND MORE INC.
 Account Number : I20200000043
 Phone : (772)879-0010
 Fax Number : (772)879-0150

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

Email Address: wftaxes.more@gmail.com

F I L E D

2022 MAR 28 AM 8:30

RECEIVED

2022 MAR 28 PM 3:46

SECRETARIAL STAFF
 STATE OF FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
 MCE BUSINESS INVESTMENTS INC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

C. BRUMBLEY
 MAR 29 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MCE BUSINESS INVESTMENTS INC

DOCUMENT NUMBER: P18000098578

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WALTER GOMEZ

Name of Contact Person

Firm/ Company

508 SW PORT SAINT LUCIE BLVD

Address

PORT SAINT LUCIE, FL 34953

City/ State and Zip Code

WFTAXES.MORE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WALTER GOMEZ

at (772) 879-0010

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 \$43.75 Filing Fee & Certificate of Status \$43.75 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
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

MCE BUSINESS INVESTMENTS INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P18000098578

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A.,"

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2411 SE AVALON ROAD

PORT SAINT LUCIE, FL 34952

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2411 SE AVALON ROAD

PORT SAINT LUCIE, FL 34952

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent FELIPE AUGUSTO ANJOS ARRUDA DE SOUZA

2411 SE AVALON RD

(Florida street address)

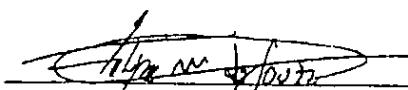
New Registered Office Address: PORT SAINT LUCIE, Florida 34952
(City) (Zip Code)

2022 MAR 28 AM 8:30

FILED

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position



Signature of New Registered Agent, if changing

Check if applicable

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

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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	P	GARCIA, SILVANA	2086 NE 160TH STREET NORTH MIAMI BEACH, FL 33162
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	VP	NUNES SARAIVA, CAROLINE	ALAMEDA CAUAX 258 APTO 101 CEP 06454-02
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	T,S	NUNES SARAIVA, CAROLINE	ALAMEDA CAUAX 258 APTO 101 CEP 06454-02
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	P	FELIPE A A ARRUDA DE SOUZA	2411 SE AVALON RD PORT SAINT LUCIE, FL 34952
<input checked="" type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

ALL SHARES BEING TRANSFERRED TO FELIPE AUGUSTO ANJOS ARRUDA DE SOUZA.

(NAME WOULDN'T FIT IN SPACE WHEN ADDING NEW PRESIDENT SHOULD BE:

-> FELIPE AUGUSTO ANJOS ARRUDA DE SOUZA)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

CANCELLATION OF ISSUED SHARES FOR CAROLINE NUNES SARAIVA AND SILVANA GARCIA.

ALL SHARES BEING REISSUED TO FELIPE AUGUSTO ANJOS ARRUDA DE SOUZA

03/24/2022

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

03/24/2022

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 date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

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.

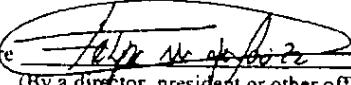
The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____
(voting group)

03/24/2022

Dated _____

Signature 

(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)

FELIPE AUGUSTO ANJOS ARRUDA DE SOUZA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)