P19000062170

(Re	equestor's Name)	
		
(Ad	ldress)	
(Ad	ldress)	
() ·		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
	_	
(Bu	isiness Entity Nan	ne)
(Dc	cument Number)	
(50	our our tramber,	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: TECCEL SURFBI	ANKS CORP	
	MBER: P19000062170		
The enclosed Artic	les of Amendment and fee are su	bmitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
	MARCO REIS		
		Name of Contact Person	n
	USA TAX CORPORATION		
		Firm/ Company	
	591 E SAMPLE RD		
		Address	
	POMPANO BEACH FL 330	64	
		City/ State and Zip Cod	e
	USATAX@USATAXFL.CO	РМ	
	E-mail address: (to be us	sed for future annual report	notification)
For further informa	tion concerning this matter, pleas		
MARCO REIS		954 at (788-1818
Nan	ne of 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	□\$43.75 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)
Ā D P	failing Address mendment Section fivision of Corporations O. Box 6327 allahassee, FL 32314	Amend Division The C 2415 i	Address Iment Section

Articles of Amendment to Articles of Incorporation of

TECCEL	SURFBL.	ANKS	CORP

(A) (C)				
	s currently filed with the Flor	ida Dept. of State)		
219000062170				
(Document)	Number of Corporation (if know	vn)		
Pursuant to the provisions of section 607.1006, Florida Stat ts Articles of Incorporation:	tutes, this <i>Florida Profit Corpo</i>	ration adopts the following	lowing amend	ment(s)
A. If amending name, enter the new name of the corpor	ration:			
			The n	
name must be distinguishable and contain the word "corpor "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviatio	"Co". A professional corpo			
B. Enter new principal office address, if applicable:			23	
Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)		VOIN OF	_
				- · •
			_6	_
. Enter new mailing address, if applicable:			-0	
(Mailing address MAY BE A POST OFFICE BOX)			PH (ز.
	····		- ω	
				_
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office		the name of the		_
	c uddre.s.y.			
Name of New Registered Agent	·			
	Florida street address)			
New Registered Office Address:		. Florida		
Hen highered Office Hadress.	(City)	11011da	(Zip Code)	_
New Registered Agent's Signature, if changing Register				
hereby accept the appointment as registered agent. I am	familiar with and accept the of	oligations of the posi	tion.	
C:	of New Registered Agent, if ch			
Signature	oj new kegimerea Ageni, ij ch	unging		
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.

X Change	<u>PT</u>	John D	<u>oe</u>	
X Remove	<u>V</u> .	Mike Je	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	S		CLISLEY GUIMARAES CORREIA	587 E SAMPLE RD SUITE 238
X Add				POMPANO BEACH FL 33064
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

amehding or adding additional Articated tach additional sheets, if necessary).	(Be specific)
	
	·
	
	
an amendment provides for an exch rovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	

	11/04/2020	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
It Effective date <u>if applicable</u> :	/04/2020	
Elicente date il applicable.	(no more than 90 days after amendment file date	·)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirement Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sharely	nolder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the an sufficient for approval.	nendment(s)
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendme	ing statement ent(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	••	
	(voting group)	
11/04/202 Dated	20	
selec	director president or other officer – if directors or officers have ted, by an incorporator – if in the hands of a receiver, trustee, or nted fiduciary by that fiduciary)	not been other court
	ANTONIO F CAMARA DOS SANTOS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	