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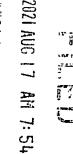
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

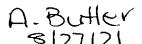
Office Use Only



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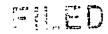


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: RUFOUS HORNE	RO INC	, , , , , , , , , , , , , , , , , , ,	
DOCUMENT NU	MBER: P20000066854			
The enclosed <i>Articl</i>	les of Amendment and fee are sul	bmitted for filing.		
Please return all co	respondence concerning this ma	tter to the following:		
	GLAUCIA BASTOS			
		Name of Contact Person	1	
	THE TRUST CIRCLE SERVICES LLC			
		Firm Company		
	1004 EAST SAMPLE RÓAF	• •		
		Address		
	POMPANO BEACH FLORIDA 33064			
		City State and Zip Code		
	ATENDIMENTOTHETRUS	TCIRCLE@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informs	tion concerning this matter, pleas	se cail: at (245-9123	
Nar	ne of Contact Person	ar (Area Co	de & Daytime Telephone Number	
	for the following amount made		•	
×35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	El852.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
, 1 1	Address Amendment Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Amend Divisio The C 2415?	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303	

Articles of Amendment to Articles of Incorporation of



RUFOUS HORNERO INC		
(Name of Corporation as currently filed	with the Florida Dept.	orsobieus 17 AM 7:54
P20000066854		STATE
(Document Number of Corpo	oration (if known)	CALLANT SSEE, FL
Pursuant to the provisions of section 607,4006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	Profit Corporation ado	pts the following amendment(s)
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "compar "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profe "chartered," "professional association," or the abbreviation "P.A."	y," or "incorporated" o ssional corporation na	r the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	Florida, enter the nam	e of the
Name of New Registered Agent		
(Florida street add	resst	
New Registered Office Address:	<u>, ,</u>	Florida
City		(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am jamiliar with an	d accept the obligations	of the position.
Signature of New Register	ed 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u>	John Doc	
X Remove	\underline{V}	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
D Change	VP	MAURO S RIBEIRO	22775 SW 66TH AVENUE 204
Add			BOCA RATON FLORIDA 33428
X Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	· 		
Add			
Remove			
6) Change			
Add			
Remove			

	adding additional A il shevis, if necessary	5. the specific)			
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				<u> </u>	
					
If an amendou	ent provides for a <u>n e</u>	exchange, reclassific	ation, or cancella	<u>rtion of issued shar</u>	es,
	implementing the a	<u>imendment if not co</u>	intained in the ar	<u>nendment itself:</u>	
provisions for	licable, indicate NZA)			
provisions for					
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	tion:, if other	than the
date this document was signed.		
Effective date <mark>if applicable</mark> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	does not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.	rd as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopte by the shareholders was were suffice	d by the shareholders. The number of votes east for the amendment(s) ient for approval.	
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendmentiss:	
"The number of votes cast for	the amendment(s) was were sufficient for approval	
by		
	cyoting groups	
07/26/2021 Dated	_	
Signature 18	tor, president or other officer - if directors or officers have not been	
selected, b	tor, president or other officer - if directors or officers have not been y an incorporator — if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
Al	EXANDRO A DO NASCIMENTO	
_	(Typed or printed name of person signing)	
PR	ESIDENT	

(Title of person signing)