Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000255144 3)))



H250002551443ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : DOMINIUM CONSULTING SERVICES, LLC

Account Number : I20180000103 Phone : (407)374-2329 Fax Number : (407)412-5926

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

Email:	Address:			
	MUUI CSS.			

## COR AMND/RESTATE/CORRECT OR O/D RESIGN GRACIE BARRA RPB, INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

1/23/7025 Help

Page: 2 07/22/2025 13:59 PM TO:18506176380 FROM:4074125926

## COVER LETTER

TO:	Amendment Section
	Division of Corporations

NAME OF CORPO	RATION: GRACIE BARRA	RPB, INC			
DOCUMENT NUM	BER: P20000076364				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	CLEITON CARDOSO				
		Name of Contact Person	n		
	DOMINIUM CONSULTING	SERVICES LLC			
	Firm/ Company				
	6965 PIAZZA GRANDE AV	7E STE 206			
		Address		<del></del>	
	ORLANDO, FL 32835				
		City/ State and Zip Cod	с		
	INFO@DOMINIUMCS.CO	M			
	E-mail address: (to be us	sed for future annual report	notification)	- <del>179</del> 	
For further information	on concerning this matter, plea	se call:		; ,	
CLEITON CARDOS	60	407	) 374-2329 de & Daytime Telephone Nu	-1	
Name	of Contact Person	Area Co	de & Daytime Telephone Nu	mber	
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment of State:		
S35 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)		
An Div	niling Address mendment Section vision of Corporations D. Box 6327	Amenc Divisio	Address Iment Section on of Corporations entre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Page: 3 07/22/2025 13:59 PM TO:18506176380 FROM:4074125926

Articles of Amendment to Articles of Incorporation of

GRACIE BARRA RPB, INC				
( <u>Name</u>	of Corporation as current	ly filed with the Florida Dep	ot, of State)	
20000076364				
	(Document Number o	of Corporation (if known)		<del></del>
ursuant to the provisions of section 607 s Articles of Incorporation:	.1006. Florida Statutes, this	Florida Profit Corporation	ndopts the following a	mendment(s
. If amending name, enter the new n	ame of the corporation:			
			$\tau$	he new
ame must be distinguishable and contain Inc., " or Co., " or the designation "( chartered," "professional association,	Corp," "Inc," or "Co"	4 professional corporation	" or the abbreviation	"Corp., "
. Enter new principal office address. Principal office address <u>MUST BE A S</u>				<del></del>
		<del>-</del>		
. Enter new mailing address, if appl	licable:			
(Mailing address MAY BE A POST				77
			ZŽ.	55 J
				<del>- 25</del> .
. If amending the registered agent a			une of the	777* 735
new registered agent and/or the ne	DOMINIUM CONSULTI	_		1
Name of New Registered Agent	DOMENTON CONSOLAT	NO SERVICES LIEC		
			···	्रम
	6965 PIAZZA GRANDE	AVE STE 206		
		AVE STE 206 ceet address)		्रम
New Registered Office Address:			, Florida 32835	्रम

## Check if applicable

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

Page: 4 07/22/2025 13:59 PM TO:18506176380 FROM:4074125926

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	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MARCOS VINICIUS MANHAES D	AV. VICE PRES. JOSE ALENCA
X Add			BL 2, APT 1701
Remove			RIO DE JANEIRO, RJ - BR 22775
2) Change	VP	CAIO FELIPE FERREIRA DA SILV	
X Add			1306 SW 160TH AVE
Remove 3.) Change			SUNRISE, FL 33326
Add			
Remove			
4) Change	···		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<del>-</del>	
Add			
Remove			

Page: 5 07/22/2025 13:59 PM TO:18506176380 FROM:4074125926

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
ADD AS VP: MARCOS VINICIUS MANHAES DA COSTA
MARCOS' ADDRESS: AV. VICE PRES. JOSE ALENCAR, 1515- BL 2, APT 1701, RIO DE JANEIRO, RJ 22775-033 BE
ADD AS VP: CAIO FELIPE FERREIRA DA SILVA
CAIO'S ADDRESS: 1306 SW 160TH AVE, SUNRISE, FL 33326
UPDATE THE NAME: Luis Felipe Ferreira, TO BE: LUIZ FELIPE FERREIRA TORRES
UPDATE THE ADDRESS FOR LUIZ FELIPE FERREIRA TORRES AS FOLLOWS:
AV. FLAMBOYANTS DA PENINSULA, 155- BL 5, APT 103, RIO DE JANEIRO, RJ 22776-070 BR
UPDATE THE NAME: Lucas Alves. TO BE: LUCAS ALVES BARBOZA
UPDATE THE REGISTERED AGENTE TO BE: DOMINIUM CONSULTING SERVICES LLC
REGS. AGENT'S ADDRESS: 6965 PIAZZA GRANDE AVE STE 206, ORLANDO, FL 32835
PLEASE MAKE ALL ADDRESSES AND OFFICERS NAMES TO BE IN UPPERCASE LETTERS
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)

date this document was signed. 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 (voting group) 07/22/2025 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) LUIZ FELIPE FERREIRA TORRES (Typed or printed name of person signing)

Page: 6

07/22/2025

13:59 PM

PRESIDENT

(Title of person signing)

TO:18506176380 FROM:4074125926