6/2/22, 9:29 AM

Florida Department of State

Division of Corporations

Electronic Kiling 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.

(((H22000192805 3)))



H220001928053ABC\$

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 : ELO ENTERPRISES, INC

Account Number : I20150000109 Phone : (561)544-8862 Fax Number : (954)697-0130

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

Email Address: <u>Sales@eloenterprises.us</u>

RECEIVED

1022 JUN -2 PH 3:36

FALLAND SEEF FOR

## COR AMND/RESTATE/CORRECT OR O/D RESIGN ICOBEL DO BRASIL, INC

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

J. HORNE

<del>-JUN - 3 2022</del>

Electronic Filing Menu

Corporate Filing Menu

Help

## Articles of Amendment to Articles of Incorporation of

ICOBEL DO BRASIL, INC	1
(Name of Corporation as current	tly filed with the Florida Dept. of State)
P21000068515	Africa Contraction of the Contra
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	of Corporation (if known)  s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," ' "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	6332 BIRD DOG POINT
(Principal office address MUST BE A STREET ADDRESS)	TALLAHASSEE, FL 32309
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6332 BIRD DOG POINT
(Matting matess MAT BE AT OST OTTTOE BOX)	TALLAHASSEE, FL 32309
O. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Agent	
(Florida str	treet address)
(Florida str New Registered Office Address:	(City)  Treet address)  Florida (Zip Code)

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

06/02/2022 09:53 (FAX) P.003/005

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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
i) X Change	P	ANA PAULA MENDONCA DE ARAUJO	6332 BIRD DOG POINT
Add			TALLAHASSEE, FL 32309
Remove			
2) Change			
Add			
Remove 3) Change			
Add		,	
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>	_	
Add			
Remove			

06/02/2022 09:53 (FAX) P.004/005

(Attach additiona	adding additional Art al sheets, if necessary).	(Be specific)				
N/A	-					
	_					
		_				
	<del> </del>				_ <del></del>	
						•
<del></del>						
				-		
			<del></del> -			
					<del></del>	
	<del></del>		<u> </u>	<del> </del>	<u></u>	
			<del>.</del>			
. If an amendmen	t provides for an exc	hange, reclassifi	ication, or canc	ellation of issue	d shares,	
(if not apply	mplementing the ame	endment if not c	contained in the	e amenament its	seu:	
( <i>y 1101 1272</i> 11. N/A	ouolo, maiouso					
<u> </u>	<del></del>			<del>.</del>		
					· · · · · · · · · · · · · · · · · · ·	
					· ·	
					<del></del>	
				. <u>.</u>	<u> </u>	

The date of each amendment(s)	adoption:	if other than the
date this document was signed.	•	
Effective date if applicable:		
	. (no more than 90 days after amendment file	e date)
Note: If the date inserted in this document's effective date on the J	block does not meet the applicable statutory filing require Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were as action was not required.	dopted by the incorporators, or board of directors without s	hareholder action and shareholder
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for t sufficient for approval.	he amendment(s)
	oproved by the shareholders through voting groups. The for or each voting group entitled to vote separately on the ame	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
06/01/202	2	
Dated		
Cimatura	·n · A · A)	
Signature(By a	director, president or other officer – if directors or officers	have not been
select	ed, by an incorporator - if in the hands of a receiver, truste	
appoi	nted fiduciary by that fiduciary)	
	ANA PAULA MENDONCA DE ARAUJO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>