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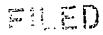
A. Butler 8/27/21

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: $\underline{\underline{}}^{\text{SHVA}}$ GOMES STONES, CORP DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: GLAUCIA BASTOS Name of Contact Person THE TRUST CIRCLE SERVICES LLC Firm Company 1001 EAST SAMPLE ROAD 10E Address POMPANO BEACH FLORIDA 33064 City State and Zip Code ATENDIMENTOTHETRUSTCIRCLE@GMAIL.COM E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 245-9123 Area Code & Daytime Telephone Number 1 GLAUCIA BASTOS Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐\$43.75 Filing Fee & □S43.75 Filing Fee & ☐852 50 Filling Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Mailing Address Street Address

Amendment Section Davision of Corporations P.O. Box 6327 Tallahassee, FL 32314 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



SILVA GOMES STONES, CORP.

(<u>Name of Corporatio</u>	as currently filed with the Florida Dept.	or STORN AUG 17 AH 7:54
P21000070096		
(Docume	nt Number of Corporation (if known)	TOTAL MORSTATE
Pursuant to the provisions of section 607,1006, Florida S its Articles of Incorporation:	Statutes, this <i>Florida Profit Corporation</i> ado	opts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp," "Inc." "chartered," "professional association," or the abbrevi	or "Ca". A professional corporation nat	r the abbreviation "Corp.," me-must-contain-the-word
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD</u> I	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. Hamending the registered agent and/or registere new registered agent and/or the new registered of		e of the
Name of New Registered Agent		
	(l-lovida street address)	
New Registered Office Address:		Florida
Maring State Company State Company	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. 1	tered Agent: am familiar with and accept the obligations	of the position.
Signat	ure 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:

a Mach additional sheets, it necessary)

Please note the officer director title by the first letter of the office title:

P = President, $V = V_{RC}$ President: T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk, CEO = ClinetExecutive Officer, CFO = Clinet Financial Officer. If an officer director holds more than one title, list the first letter of each office held President. Treasurer, Director would be P1D.

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	$\overline{\text{b.t.}}$	John Doc	
X Remove	<u>V</u>	Mike Jones	
\underline{X} Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	∇P	MAURICIO GOMES DE JESUS	3570 WEST HILLSBORO BLVD
X Add			APT 101
Remove			COCONUT CREEK FL 33073
2) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove 3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

atach additional sheets, if necessary). (Be specific) ASF ADD EIN NUMBER: 87-2008849	
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	f:
(if not applicable, indicate NA)	

	08/04/2021		
The date of each amendment(s) adoption date this document was signed.	tion:	100000000000000000000000000000000000000	, if other than the
Effective date if applicable:			
	tuo more than 90 da	rys after amendment file dater	
Note: If the date inserted in this block document's effective date on the Depart		e statutory filing requirements, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was were adopted action was not required.	I by the incorporators, or boar	rd of directors without shareholder action	i and shareholder
☐ The amendment(s) was/were adopted by the shareholders was were suffice	·	imber of votes east for the amendment(s))
☐ The amendment(s) was/were approvious the separately provided for each		h voting groups. The following statemer separately on the amendment(s):	и
"The number of votes cast for	the amendment(s) was were s	ufficient for approval	
hy		**	
Datedi\(\overline{\infty}\) \(\overline{\infty}\)		03/06/201/11/	
selected, by		- if directors or officers have not been inds of a receiver, trustee, or other court	
AN	IANDA GONCALVES DA S	SILVA	
	(Typed or printed nan	ne of person signing)	
PR	ESIDENT		

(Title of person signing)