P22000004278

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COVER LETTER

TO: Amendment Section . **Division of Corporations** NAME OF CORPORATION: MUTANT INC DOCUMENT NUMBER: P22000004278 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CRISTINA TORDIN Name of Contact Person **CARIBROS LLC** Firm/ Company 299 ALHAMBRA CIR - SUITE 403 Address CORAL GABLES - FL 33134 City/ State and Zip Code CRISTINA@CARIBROS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CRISTINA TORDIN Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ■\$43.75 Filing Fee & □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

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

Street Address

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

MUTANT INC

(Name of Corporation	n as currently file	ed with the Florida De	ept. of State)	
P22000004278				
(Docume	ent Number of Cor	rporation (if known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this <i>Flor</i> e	ida Profit Corporation	adopts the follow	ving amendment(s) to
A. If amending name, enter the new name of the cor	rporation:			
				The new
name must be distinguishable and contain the word "cor" lnc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A pro	pany," or "incorporated ofessional corporation	d" or the abbrevi name must con	ation "Corp.," tain the word
B. Enter new principal office address, if applicable:				
(Principal office address <u>MUST BE A STREET ADDI</u>	<u>RESS</u>)			
				
	_			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	r)			
maning data as grant beautiful of the box	<i>y</i>		-	
		_ -		
	_			
D. If amending the registered agent and/or registere		in Florida, enter the n	ame of the	
new registered agent and/or the new registered of	ffice address:			
Name of New Registered Agent				
	(Florida street ac	ddress)		
New Registered Office Address:	(Cin)		Florida	ip Code)
	(City)	9	(2	ip Coae)
New Registered Agent's Signature, if changing Regis	stered Agent:		4.	
I hereby accept the appointment as registered agent. I	am familiar with a	and accept the obligation	ons of the positio	n.
				
Signat	ure of New Registe	ered Agent, if changing	3	

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 = Chiej 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.

Frample:

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)	Title	Name	<u>Addres</u> s
1) Change	T,D	GUSTAVO BASSETTI	RUA HUNGRIA,574 FLOOR 10
Add			TO 4. CJ 11
X Remove			SAO PAULO, SP 01455-000 BR
2) Change	T,D	ALEXANDRE BICHIR	RUA HUNGRIA,574 FLOOR 10
X Add			TO 4. CJ 11
Remove 3) Change			SAO PAULO, SP 01455-000 BR
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	***		
Add			· · · · · · · · · · · · · · · · · · ·
Pamova			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
	
f an amandment provides for an eval	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself;
(if not applicable, indicate N/A)	
• •	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirement. Department of State's records.	s, 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 shareho	older 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 ame sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The followin for each voting group entitled to vote separately on the amendmen	_
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	·"	
	(voting group)	
Dated08/0-	4/2022 Terms Ly of Path	
Signature	Jennes for our	
selec	director, president or other officer – if directors or officers have r ted, by an incorporator – if in the hands of a receiver, trustee, or o inted fiduciary by that fiduciary)	
	FERNANDO CARIELLO	
	(Typed or printed name of person signing)	-
	BOARD SECRETARY	
	(Title of person signing)	