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COVER LETTER

TO: Amendment Section . Division of Corporations

NAME OF CORPOR	RATION: RIBAS SOSSEGO	CORPORATION			
DOCUMENT NUMI	000000010100				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	DANIELA HANKE				
		Name of Contact Persor	1		
	BP TAX ADVISORY LLC				
		Firm/ Company		_	
	848 BRICKELL AVE SUITE	E 203			
		Address		_	
	MIAMI, FL 33131				
		City/ State and Zip Code	,	_	
	SOPORTELLC@BPTAX.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
Par Combania Carrage		W			
For further informatio	n concerning this matter, pleas	se call:			
DANIELA HANKE		at (_) 400-4975		
Name of Contact Person		Area Co	de & Daytime Telephone Num	ber	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 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)	2022 July 19 [
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The C 2415 (Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	75 - <u>1</u>	

Articles of Amendment to Articles of Incorporation of

RIBAS SOSSEGO CORPORATION

(Name o	of Corporation as currentl	y filed with the Florida Dept. of St	ate)		
P22000012168			_		
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts t	he followir	ng amend	lment(s) to
A. If amending name, enter the new na	ame of the corporation:				
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrartered," "professional association,"	Torp," "Inc," or "Co". A				y.,
B. Enter new principal office address.		848 BRICKELL AVE SUITE 20)3		
(Principal office address MUST BE A S		MIAMI, FL 33131			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		848 BRICKELL AVE SUITE 20)3		-
(maning dualess MITT DE ITT OST	OTTICE BOX	MIAMI, FL 33131			_
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent		1	<u>he</u>	2822	_
	848 BRICKELL AVE SUE	TE 203			प
	(Florida str	eet address)		- : _	
New Registered Office Address:	MIAMI	, Flori	da		_
		(City)	(Zip	Code)= 7.3	المارا
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am familiar v	vith and accept the obligations of th	e position.	· <u>=</u>	
	Gustavo 9 Stonature of New P	Yavransk egistered Agent, if changing		_	
Check if applicable ☐ The amendment(s) is/are being filed p					

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)

Example:

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.

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	<u>Name</u>	<u>Addres</u> s
1) X Change	D	SYLVIO GOMES RIBAS	848 BRICKELL AVE
Add			SUITE 203
Remove			MIAMI, FL 33131
2) X Change	D	LIA B. RIBAS	848 BRICKELL AVE
Add			SUITE 203
Remove 3) Change			MIAMI, FL 33131
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
δ) Change			
Add			
Remove			

	ding or adding adding additional sheets. if	necessary).	(Be specific)	-			
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provisio	nendment provide ons for implement not applicable, ind	ting the amen	ange, reclassif	ication, or cano contained in th	cellation of issue e amendment it	ed shares, self:	
					· · · · · · · · · · · · · · · · · · ·		
			<u></u>				

The date of each amendment(s) at date this document was signed.	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendi	nent file date)
Note: If the date inserted in this b document's effective date on the De		g requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors w	ithout shareholder action and shareholder
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes c fficient for approval.	ist for the amendment(s)
	roved by the shareholders through voting groups each voting group entitled to vote separately on a	
"The number of votes east	for the amendment(s) was/were sufficient for app	roval
by		"
	(voting group)	
07/01/2022 Dated		
Signature	Sylvio G. Ribas	
(By a di selected	rector, president or other officer – if directors or it, by an incorporator – if in the hands of a receive ed fiduciary by that fiduciary)	
	Sylvio G. Ribas	
	(Typed or printed name of person sign	ning)
	Director	
	(Title of person signing)	