## P22000041942

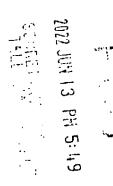
| (Re                     | questor's Name)    |             |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             |             |
| (Ad                     | dress)             |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nar  | ne)         |
| (Do                     | cument Number)     | -           |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
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## **COVER LETTER**

| Division of Cor           |   |  |  |             |                      |          |
|---------------------------|---|--|--|-------------|----------------------|----------|
| NAME OF CORPO             | ORATION: CHURCH MMA C                       | ORP  |  | •           |                      |          |
|                           | IBER: P22000041942                          |  |  |             |                      |          |
| The enclosed Article      | s of Amendment and fee are sul              | bmitted for filing.  |  |             |                      |          |
| Please return all corr    | espondence concerning this mat              | tter to the following:   |  |             |                      |          |
|                           | FLÁVIO MORAES DE CAR                        | VALHO  |  |             |                      |          |
|                           |   | Name of Contact Person   | 1  |             |                      |          |
|                           |   | Firm/ Company  |  | <del></del> |                      |          |
|                           | 22521 SW 66 TH AVE APT                      | , -  |  |             |                      |          |
|                           |   | Address  | •  | <del></del> |                      |          |
| BOCA RATON, FL 33428, USA |   |  |  |             |                      |          |
|                           |   | City/ State and Zip Code   | <b>;</b>   | <del></del> |                      |          |
|                           | Machadofamilysolutions@gn                   | nail.com   |  |             |                      |          |
|                           | E-mail address: (to be us                   | ed for future annual report  | notification)  | - (^        | 2022                 |          |
| For further informati     | on concerning this matter, pleas            | e call:  |  | <b>一</b> 新  | 2022 JUH 13 PH 5: 49 | 1284 j   |
| Flávio Moraes De C        | arvalho                                     | at ( <sup>786</sup>  | 2782983  | - :         | P.                   |          |
| Name                      | of Contact Person                           |  | de & Daytime Telephone N   | umber       | را<br>- ت-           | اد.<br>د |
| Enclosed is a check t     | for the following amount made p             | payable to the Florida Depa  | ortment of State:  | . =         | ։ կ9                 |          |
| ■ \$35 Filing Fec         | ☐\$43.75 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (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

| ſ | ٦, | 41 | 12 | CH | MAN | 11 | COR | P |
|---|----|----|----|----|-----|----|-----|---|
|   |    |    |    |    |     |    |     |   |

| (Name of Cornoration as current   | tly filed with the Florida Dept. of State)                  |          |
|---|---|----------|
| P22000041942  | ty med with the Florida Prept. of State)                    |          |
| (Document Number  | of Corporation (if known)                                   |          |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:  | s Florida Profit Corporation adopts the following amendment | ient(s)  |
| A. If amending name, enter the new name of the corporation:   |   |          |
| <del>`</del>  | The nev   | n,       |
| name must he distinguishable and contain the word "corporation," "<br>"Inc.," or Co.," or the designation "Corp," "Inc," or "Co".<br>"chartered," "professional association," or the abbreviation "P.A. | A professional corporation name must contain the word       |          |
| 3. Enter new principal office address, if applicable:   | _   |          |
| Principal office address MUST BE A STREET ADDRESS )   | 2   |          |
|   |   |          |
|   |   | 11.14    |
|   |   | - 15°    |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | <u> </u>  | 77.      |
| 1   |   | - 229    |
|   |   | الوويناه |
|   | . <del>.</del>  |          |
|   |   |          |
| <ol> <li>If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address</li> </ol>  |   |          |
| new registered agent und/or the new registered office address   | <u>55.</u>  |          |
| Name of New Registered Agent  |   |          |
|   |   |          |
| (Florida s  | street address)   |          |
| New Registered Office Address:  | , Florida   |          |
| new Registered Office Address.  | (City) (Zip Code)   |          |
|   |   |          |
|   |   |          |
| New Registered Agent's Signature, if changing Registered Agen   | nt:   |          |
| hereby accept the appointment as registered agent. I am familiar  | r with and accept the obligations of the position.          |          |
|   |   |          |
|   | _   |          |
|   |   |          |
| Signature of New  | Registered Agent, if changing                               |          |
| Check if applicable   |   |          |

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

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) | <u>Title</u> | Name                      | Address                    |
| 1) X Change                | P            | Flavio Morais De Carvalho | 22521 SW 66 TH AVE APT 400 |
| Add                        |              |                           | Boca Raton, FL, 33428, USA |
| Remove                     |              |                           |                            |
| 2) Change                  | P            | Flavio Moraes De Carvalho | 22521 SW 66 TH AVE APT 400 |
| X Add                      |              |                           | Boca Raton, FL, 33428, USA |
| Remove 3) Change           |              |                           |                            |
| Add                        |              |                           |                            |
| Remove                     |              |                           |                            |
| 4) Change                  |              |                           |                            |
| Add                        |              |                           |                            |
| Remove                     |              |                           | *****                      |
| 5) Change                  |              |                           |                            |
| Add                        |              |                           |                            |
| Remove                     |              |                           |                            |
| 6) Change                  |              |                           |                            |
| Add                        |              |                           |                            |
| Remove                     |              |                           |                            |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)  |               |
|--|---------------|
| Dear Officer   |               |
|  |               |
| I made a mistake when a opening a business. I typed Flavio Morais De Carvalho but my correct name is   |               |
| Flavio Moraes de Carvalho.   |               |
| Can you please fix it for me!  | <del></del>   |
|  |               |
| Best Regards,  |               |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |
|  | . <del></del> |
| · · · · · · · · · · · · · · · · · · ·  |               |
|  |               |
|  | <del></del> - |
|  |               |
| 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)  |               |
| N/A  |               |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |

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|   | s) adoption:   | , if other than                             |
|---|--|---|
| date this document was signed.  Effective date if applicable: | 06/03/2022   |   |
| Enective date <u>in applicante</u> .                          | (no more than 90 days after amendmen   | file date)                                  |
|   | is block does not meet the applicable statutory filing re<br>e Department of State's records.  | quirements, this date will not be listed as |
| Adoption of Amendment(s)                                      | (CHECK ONE)  |   |
| ☐ The amendment(s) was/wer action was not required.           | adopted by the incorporators, or board of directors without  | out shareholder action and shareholder      |
| ■ The amendment(s) was/wer by the shareholders was/we         | e adopted by the shareholders. The number of votes east to sufficient for approval.  | or the amendment(s)                         |
|   | e approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the contract of |   |
| "The number of votes  | cast for the amendment(s) was/were sufficient for approv   | al  |
| by Flavio Moraes De   | Carvalho   | .,  |
| -   | (voting group)   | _   |
| 06/03/<br>Dated<br>Signature                                  | 2022   |   |
| (B)   | a director, president or other officer - if directors or officeted, by an incorporator - if in the hands of a receiver, to pointed fiduciary by that fiduciary)  |   |
|   | Flavio Moraes De Carvalho  |   |
|   | (Typed or printed name of person signing   | )   |
|   | President  |   |
|   | (Title of person signing)  |   |

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