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TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: SKYLENS BUSIN	IESS INTELLIGENCE IN	C 		
	IBER: P23000031691				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	EMILLY DUTRA				
		Name of Contact Person	n	,	
	BUSINESS SOLUTIONS ASSESSORIA INC				
	_	Firm/ Company			
	8400 BUSTLETON AVE SU	HTE 202			
	Address				
	PHILADELPHIA PA 19152				
		City/ State and Zip Cod	e		
	EMILLY@BSASSESSORIA.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
	on concerning this matter, plea		725 5000		
EMILLY DUTRA Name of Contact Person		at (²¹⁵	725-5990	S	2023
Name	of Contact Person	Area Co	de & Daytime Telephone Number	결성	ئے
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment of State:	TALLAHA	2023 JUN -5
□ \$35 Filing Fee	\$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)	AT YEE, FL	PH 1: 33
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The C 2415 i	Address Idment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of

SKYL	FNS	RUSIN	PSS	INTEL	LIGENCE	INC
*112 I I	ب ایا،	יונטטט	1.4.1.)			11111

(<u>Name</u>	of Corporation as currently	filed with the Flori	da Dept. of State)	
P23000031691				
	(Document Number of	Corporation (if know	vn)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, this F	Iorida Profit Corpoi	ration adopts the follow	ing amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
name must be distinguishable and contain "Inc.," or Co.," or the designation "("chartered," "professional association."	Corp," "Inc," or "Co". A	ompany," or "incorp professional corpor	orated" or the abbrevial ation name must conte	The new tion "Corp" ain the word
B. Enter new principal office address,	if applicable:			
(Principal office address <u>MUST BE A S</u>				
				_
				<u> </u>
C. Enter new mailing address, if appl				
(Mailing address MAY BE A POST	<u>OFFICE BOX</u>)			
D. If amonding the registered agent are	od/on monistanad office adduc			
 If amending the registered agent ar new registered agent and/or the new 		<u>iss in Fiorida, enter</u>	the name of the	s 25
Name of New Registered Agent	FABIO MARREIROS DA S	SILVA		174 EC.1
	526 SILVERBELL CT			2023 JUN SECRETA TANLA
	(Florida stree			#33 -5 - J
New Registered Office Address:	SAINT JOHNS		. Florida 32259	-1, -1 -1, -2, -1, -1, -1, -1, -1, -1, -1, -1, -1, -1
New Registered Office Address.	(0	City)	rionda (Zip	Code);
				- P ≥ 33
				mi 💭
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: Tered agent – Lam familiar wi	ith and accept the ob	ligations of the position	
, , , , , , , , , , , , , , , , , , , ,	or on angerna or anning anning and	made december of the one	ngations by the position.	
				_
	Signature of New Reg	zistered Agent, if cha	nging	

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:

 $P = President; \ V = Vice President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. \ If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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)	Title	<u>Name</u>	Address
1) X Change	<u>s</u>	PAULO V CAMARCO	526 SILVERBELL CT
Add			SAINT JOHNS FL 32259
Remove			526 SILVERBELL CT
2) Change	P	FABIO MARREIROS DA SILVA	SAINT JOHNS FL 32259
X Add			
Remove 3) Change			
Add			
Remove			
4) Change			——————————————————————————————————————
Add			
Remove			A H A A A A A A A A A A A A A A A A A A
5) Change			
Add			
Remove			ATE 33
6) Change			
Add			
Remove			

ttach additional sheets, if necessary). (Be specific)	
 	
	
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an amendment provides for an exchange, reclassification, or cancellation (of issued shares,
rovisions for implementing the amendment if not contained in the amendr	ment itself:
(if not applicable, indicate N/A)	2023 TF
	JUH -5 PM 1: 33 FILE PLANS EE, FL
 	
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•	05/01/2023		
The date of each amendment(s) acd the this document was signed.	loption:		, if other than
Effective date <u>if applicable</u> :	(after amendment file date)	
	(no more than 90 days a	after amendment file date)	
Note: If the date inserted in this be document's effective date on the De		atutory filing requirements, this date w	rill not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board o	f directors without shareholder action ar	nd shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su		er of votes cast for the amendment(s)	
	roved by the shareholders through vo each voting group entitled to vote sep	oting groups. The following statement ourately on the amendment(s):	
"The number of votes cast	or the amendment(s) was/were suffic	cient for approval	
by	(voting group)	"	
	(voting group)		
Dated			
Signature	on Perado		
selected	ector, president or other officer – if of an incorporator – if in the hands ed fiduciary by that fiduciary)		
	PAULO V CAMARCO		40
•	(Typed or printed name o	f person signing)	2023 SECI
	SECRETARY		TEA TEA
•	(Title of person signing)		NET OF STATE
			[[] [] [] [] [] [] [] [] [] [
			PH 1: 33 OF STATE SEE, FL
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