## P24000005850

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

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NAME OF CORPO	DRATION: VANESSA MM I	NC	
DOCUMENT NUM	P24000005850		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	ELIWAR DECARVALHO		
		Name of Contact Person	1
	ERC CONSULTING INC		
		Firm/ Company	
	4701 N FEDERAL HWY, SI	ИТЕ 470	
	<del></del>	Address	1
	POMPANO BEACH, FL 330	064	
		City/ State and Zip Cod	e
	E-mail address: (to be us	sed for future annual report	notification)
	1. mair address. (10 be a.	sea for facult annual report	nonnearron,
For further informat	ion concerning this matter, pleas	se call:	
VANESSA M. MONZON		at ( ÷ I	_) 224-430-7460
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:
■ \$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)
Ai Di P.	ailing Address mendment Section vision of Corporations O. Box 6327 llahassee, FL 32314	Amend Division The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

VANESSA MM INC	F trus land	
(Name of Corporation as curren P24000005850	tly filed with the Florida Dept. of State 4 507 -3 角	
	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendm	
A. If amending name, enter the new name of the corporation:		
	The ne	
name must he distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the wor	
B. Enter new principal office address, if applicable:	7491 NORTH FEDERAL HWY, SUITE C 5-205	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	BOCA RATON, FL 33487	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7491 NORTH FEDERAL HWY, SUITE C 5-205	
	BOCA RATON, FL 33487	
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address		
Name of New Registered Agent		
(Florida s	treet address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
	, Florida, (City) (Zip Code)	
Signature of New	Registered Agent, if changing	

Check if applicable

 $\square$  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)

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	PT	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	Name Name	<u>Addres</u> s		
1) X Change	P, D	VANESSA M MONZON	7050 NW 2ND TER		
Add			BOCA RATON, FL 33487		
Remove					
2) Change					
Add					
Remove Change					
Add					
Remove			<u></u>		
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

Attach additional sheets, if necessary).	(Be specific)	
	<u> </u>	
	1	
If an amendment provides for an exc	hange, reclassification, or cancellation of issued sh	ares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
(y noi appiicable, maleate 1621)		

The date of each amendment(s) adoption:, if other t date this document was signed.	han the
Effective date if applicable:	
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	l as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
MAY 28TH, 2024  Dated  Signature Mensa Mensa Mensa of officers have not been	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
VANESSA M. MONZON	
(Typed or printed name of person signing)	
PRESIDENT, DIRECTOR	

(Title of person signing)