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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SOFT IMPORT D	ISTRIBUTOR CORP	
DOCUMENT NUMB	ER: P24000019126		
	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
	RENAN	LOPES DE SOUZA GOM	IES
-		Name of Contact Person	1
-		Firm/ Company	
	226	15 SW 66TH AVE APT 40	X)
-		Address	
_		BOCA RATON, FL 33428	
		City/ State and Zip Code	t.
	renan627@hotmail.com		
-	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, plea-	se call:	
Renan		561	875-1328
Name o	f Contact Person	Arca Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 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

CACTI	ADOD T	DISTRIBL	TOD	CODD	

Francisco Company

SOFT IMPORT DISTRIBUTOR CORP		The same time to
(Name of Corporation	on as currently filed with the Florida De	pt. of State)?//21, OOF
P24000019126		2014 OCT 16 AM
(Docum	nent Number of Corporation (if known)	TALT ABOLES
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation	adopts the following amendment(s
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc." "chartered," "professional association," or the abbre	or "Co". A professional corporation	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
		. <u></u>
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>X</u>)	
D. If amending the registered agent and/or register		ame of the
new registered agent and/or the new registered of	office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		. Florida
New Registered Office Hauress.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi		
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligatio	ons of the position.
Signa	iture of New Registered Agent, if changing	
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 6	507.0120 (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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally Si	<u>míth</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP	_	Thalita Alves Araujo Gomes	22615 SW 66TH AVE APT 400
x Add		_		BOCA RATON, FL 33428
Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, i	dditional Articles, ente if necessary). (Be spec	cific)			
Renan Gomes, want add T	halita Alves Araujo Gor	mes in my business as	s an Vice President		
 					
	• •				
···.					
					
.					
	·				
	<u> </u>				
					
If an amendment provide	es for an exchange, rec	lassification, or can	cellation of issued sha	ares,	
(if not applicable, inc	nting the amendment is dicate N/4)	I not contained in th	ie amendment itself:		
(4)	,				
					
					

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The date of each amendment(s) adoption:, if other	than the
date this document was signed.	
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 list document's effective date on the Department of State's records.	ed 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 shareholde action was not required.	τ
☐ 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)	
(voting group)	
Dated(.516.2 2024	
(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)	
RENAN LOPES DE SOUZA GOMES	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

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