## P24000031075

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: ALCIDE.	S CIBUSAMA	MS INC	_
DOCUMENT NUMBER: \$\frac{\psi}{24}\$	0000 3107	5	_
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
ASHLE	Y LOREN	MOSS	
	Name of Contact Persor	)	
1969	Firm/ Company  VINE YARYO  Address	ST.	
NAVA	City/ State and Zip Code	32566	_ <del></del>
E-mail address: (to be us	IBUSAMANS sed for future annual report	S@ SMALL notification)	. COM
For further information concerning this matter, please	se call:		
ASHLEY LORFN MOSS Name of Contact Person	at OSO	291 - 977 de & Daytime Telephone Nu	ımber
Enclosed is a check for the following amount made		,	
\$35 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)	(0. 5
Mailing Address Amendment Section		Address Iment Section	TAL TAL

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

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## **Articles of Amendment**

Articles of Incorporation  of	ļ
ALCIDES CIRILAMANS INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P240000 21075	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment its Articles of Incorporation:	nt(s) to
A. If amending name, enter the new name of the corporation:	
The new	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	Π
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	-
Signature of New Registered Agent, if changing	つ
Signature of New Registered Agent, if changing	
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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	Address
1) Change	CEO RYAN MATTHESEN	19109 VIWEYARD ST
X Add		NAVAPORE, FI 32566
Remove 2) Change		
Add		
Remove Change		
Add		
Remove 4) Change		
Add		
Remove		
5) Change Add	<del></del>	\$ i
Remove		SICE NOV
6) Change		11 N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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The date of each amendment(s) adoption:	1/25/24 , if other than the
Effective date if applicable: (no more than 9	0 days after amendment file date)
Note: If the date inserted in this block does not meet the applic document's effective date on the Department of State's records.	cable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or laction was not required.	poard of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders three must be separately provided for each voting group entitled to	
"The number of votes cast for the amendment(s) was/we	re sufficient for approval
by(voting group)	·
Dated 11 25 24	MM na
	cer – if directors or officers have not been e hands of a receiver, trustee, or other court
	OREN MOSS name of person signing)
ORECTOR (Title of person sig	gning)

FILED

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