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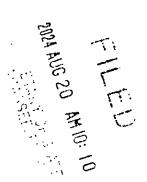
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ALLAHASSEE, FLOW

2024 AUG 20 PM 4: 22

GBARBORK

A. RAMSEY AUG 21. 2024

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR TALLAHASSEE, FL 32309

EXAMINER'S INITIALS:____

(850) 491-9625 Brandon (850) 524-5437 Teresa (850) 524-6243 Rich

Please use funds from account: I20210000160: \$ 35.00 Authorization Signature: **Braveheart Inspired Inc Business Name:** P2400046901 Document # **Certified Copy** Certificate of Status & <u>AMENDMENTS</u> **NEW FILINGS** _X__Amendment Profit Corp Resignation / Dissociation Not for Profit Change of Registered Agent Limited Liability ___Dissolution for LLC Domestication ___Merger __LLLP Articles of Conversion Corp Amended & Restated Articles of Incorporation Inc Statement of Authority Other APOSTILLE(s) & **OTHER FILINGS** ___Foreign Filing __Apostille(s) Country(s) Reinstatement Qualification Fictitious Name **Annual Report**

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Braveheart Inspired Inc. P2400046901 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Roynold Desmengles Name of Contact Pers Firm/ Company Port St. Luis, Horida 34887

City State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at () 18) 344 - 00 PS Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee \$43.75 Filing Fee & Certificate of Status □\$43.75 Filing Fee & \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

EII EU

Articles of Incorporation
Branchert Enspired Inc. 2024 AUG 20 AM 10: 10
Braveheart Inspired Inc. 2024 AUG 20 AM 10: 10
(Name of Corporation as currently filed with the Florida Dept. of State)
(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(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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."
8. 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 court and
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
терителичения подменения подменен
(Florida street address)
New Registered Office Address: Florida (City) Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
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
Check if applicable
The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Attach additional sh Please note the office P = President; V= V Executive Officer; CF President, Treasurer, Changes should be no a change, Mike Jones Mike Jones, V as Rem	vets, if necess, r/director title ice President, O = Chief Fit Director wou oted in the folic leaves the co	ary) e by the first letter of the office title : T= Treasurer: S= Secretary: D= nancial Officer. If an officer/direct tld be PTD. lowing manner. Currently John D	the of each officer/director being removed and title, i: Director: TR= Trustee: C = Chairman or Clerk; CE or holds more than one title, list the first letter of each oe is listed as the PST and Mike Jones is listed as the e V and S. These should be noted as John Doe, PT as	EO = Chief office held.
Example: X Change	<u>6.1</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
<u>X</u> Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	PT	Roynold Dein	congles 11198 Sw Kinglake	Circle
_ X Add			Congles 11198 Siv Kingslake Port St. Lucie, flunds	- 34557
Remove				_ ,
2) Change				
Add				-
Remove 3) Change				-
Add				-
Remove				•
4) Change	·			
Add				•
Remove				
5) Change				
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Remove				

6) ____ Change

____ Add

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(At	amending or a tach <i>additiona</i>	I sheets, if nec	essury)	tBe specit	ici	ere.				
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pre	<u> </u>	iplementing t able, indicate	ne amend	ment if no	t contained	in the amer	dment itse	lf:		
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The date of each amendment(s) adoption: _ date this document was signed.		20 24	····	, if other than the
Effective date if applicable:	s 20	14		
Note: If the date inserted in this block does a document's effective date on the Department of	not meet the applic of State's records.	able statutory	v filing requirements, this	date will not be listed as the
Adoption of Amendment(s) (C)	HECK ONE)			
☐ The amendment(s) was/were adopted by the action was not required.	incorporators, or b	ouard of direc	tors without shareholder a	ction and shareholder
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The approval.	number of ve	otes cast for the amendmen	nt(s)
The amendment(s) was/were approved by the must be separately provided for each voting	ne shareholders thro group entitled to v	ough voting gr one separatel	oups. The following state y on the amendment(s):	rmeni
"The number of votes cast for the ame	ndment(s) was/wer	e sufficient fo	or approval	
by(voi	ing group)		 -	
Signature August (By a director, press	ident or other office	er – if director	s or officers have not been ceiver, trustee, or other co	n
appointed fiduciary	by mar nduciary)			
ilan	nold Orsa Typed or printed no	ame of person	signing)	
	151d1~ F Title of person sign		C '3/	
(Title of person sign	ing)		