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SECRETARY OF STATE

## COVER LETTER

**FO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: BF ECOBUILD SO	DLUTIONS CORP	
DOCUMENT NUM	BER: P24000049155		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	ROSI ALVES		
		Name of Contact Persor	i
	TRUST SOLUTION TAX &	BOOKKEEPING LLC	
		Firm/ Company	
	7031 GRAND NATIONAL I	DR SUITE 111	
		Address	
	ORLANDO - FL - 32819		
		City/ State and Zip Code	<b>&gt;</b>
	ROSI@TRUSTSOLUTION	ГАХ.СОМ	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatic	on concerning this matter, pleas	se call:	
ROSI ALVES		at (	705-9147 _) le & Daytime Telephone Number
Name	of Contact Person	Area Cod	le & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	I\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

## Articles of Amendment to Articles of Incorporation of

BF ECOBUILD SOLUTIONS CORP			
( <u>Name</u>	of Corporation as currer	itly filed with the Florida Do	ept. of State)
P24000049155			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	is Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation;		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp, " "Inc," or "Co".	A professional corporation	l" or the abbreviation "Corp.,"
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		N/A	
	,		
			7024 1 AL
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	AUG I
			20 M
		<del></del>	
			22
D. If amending the registered agent a			[ ] = ====
new registered agent and/or the ne	w registered office addre	2881	
Name of New Registered Agent	N/A		
	(Florida :	street address)	
Van Davina (17)62 and 11th and	N/A		13
New Registered Office Address:		(City)	, Florida
New Registered Agent's Signature, if o	changing Registered Age	<u>nt:</u>	
I hereby accept the appointment as regis	tered agent Lam familia	r with and accept the obligati	ons of the position.
	Signature of New	Registered Agent, if changing	2
Charle if applicable			
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 De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>SV</u>	Sally St	mtn	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	<u>s</u>		BRENNO DOS SANTOS FONSECA	7031 GRAND NATIONAL DR
X Add				SUITE 111
Remove				ORLANDO - FL - 32819
2) Change		_		
Add				
Remove 3 ) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				<u> </u>
51 Change		_		
Add				
Remove				
6) Change		_		con the
Add				155-1.11
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
PLEASE ADD EIN 99-4210174.	
THANK YOU.	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	

The date of each amendment(s) ad date this document was signed.	option:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adoption was not required.	nted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendment(s) Ticient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes east f	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
AUGUST 6 Dated	2024
Signature Bisme	Foration
(By a dis selected	rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other court red fiduciary by that fiduciary)
	BRENNO DOS SANTOS FONSECA
-	(Typed or printed name of person signing)

(Title of person signing)