

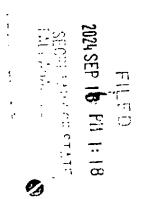
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

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NAME OF CORPO	DRATION: BBN SOLUTIONS	CORP	
DOCUMENT NUM	D2.4000051222		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	PAULO VITOR MOTA MAR	CTINS	
	BBN SOLUTIONS CORP	Name of Contact Perso	n
		Firm/ Company	
	465 KANUHA DR		
		Address	
	FORT WALTON BEACH, FL	2 32537	
		City/ State and Zip Cod	e
	CONTATOB.B.N.369@GMA	AIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	on concerning this matter, pleas	se call:	
PAULO MARTINS		at (	775-8535
Name	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	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ar Di P.	nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Division The C 2415	Address Idment Section on of Corporations Tentre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

BBN SOLUTIONS CORP	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P24000051332	
(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 arits Articles of Incorporation:	nendment(s) to
A. If amending name, enter the new name of the corporation:	
	ie new
name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation " "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the "chartered," "professional association," or the abbreviation "P.A."	Corp.," he word
B. Enter new principal office address, if applicable:	<u> </u>
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
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)	
(Fforida street adaress)	
New Registered Office Address:, Florida	<del></del>
New Registered Agent's Signature, if changing Registered Agent:  Thereby 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.	

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>	<u>John D</u>	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	Р		PAULO VITOR MOTA MARTINS	465 KANUHA DR
X Add		_		FORT WALTON BEACH, FL
Remove				32537
2) Change	<u>v</u>		JEDIVALDO CARLOS DE BRITO	150 BENT ARROW DR #25
Add				DESTIN, FL 32541
Remove 3 ) Change				
Add				
Remove				
4) Change				- · · · · · · · · · · · · · · · · · · ·
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

F. If amending or adding additional Arti- (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
Please add EIN to file. Thank you		
IEN 99-4418940		
IRS sheet is attached		
	and the second s	
F. If an amendment provides for an exclusions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		·

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The date of each amendment(s) adoption:
Effective date if applicable:
(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 as the document's effective date on the Department of State's records.
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)
Dated  O8/29/2024  Signature  (By adjrector, 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)
Paulo Vitor Mota Martins
(Typed or printed name of person signing)
President
(Title of person signing)