## P24000059934

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SECRETARY OF STATE
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## COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	NABRAS GROUF	PRO INC			
	P24000059934 BER:				
	s of Amendment and fee are su	bmitted for filing.	.,		
Please return all corre	espondence concerning this ma	tter to the following:			
	Brhydde Manzo				
		Name of Contact Person	n		
	·	Firm/ Company			
	7450 NW 42nd CT				
		Address			
	Lauderhill, FL 33319				
		City/ State and Zip Cod	c		
	nabrasgrouppro@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)	51	
For further information	on concerning this matter, pleas	se call:		DOUNDY 13 M 9: 22 SECRETARY OF STATE SECRETARY SEE FLE	
Brhydde Manzo		561 at (	674-1708		
Name	of Contact Person	Area Co	) de & Daytime Telephone Nui	nber AR E	
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:	3: 22 STATE E. FL	
☐ \$35 Filing Fee	☐S43.75 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)	,,,	
Am Div	illing Address cendment Section vision of Corporations D. Box 6327	Ameno Divisio	Address Iment Section on of Corporations entre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

NABRAS GROUP PRO INC				
(Name o	f Corporation as curren	tly filed with the Florida Dept. of State)		
12400037734	(Dogument Mumber	of Corporation (if known)		
		, ,		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following	g amendme	nt(s) to
A. If amending name, enter the new na	ime of the corporation:			
NABRAS GROUP PRO INC			The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation A professional corporation name must contain "	n "Coro "	
B. Enter new principal office address,	if applicable:	Brhydde Manzo	•	
(Principal office address MUST BE A S		7450 NW 42nd CT		
		Lauderhill, FL 33319		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Brhydde Manzo		
		7450 NW 42nd CT		
		Lauderhill, FL 33319		
D. If amending the registered agent an new registered agent and/or the new	d/or registered office add v registered office addres	dress in Florida, enter the name of the	20241	-77
Name of New Registered Agent	Brhydde Manzo		2	THE REPORT
	7450 NW 42nd CT		<u> </u>	-
New Registered Office Address:	(Florida si Lauderhill	reet address)  Florida	3 3 9	
	(City) (Zip C		ade) 22	
New Registered Agent's Signature, if elf I hereby accept the appointment as registed	nanging Registered Agen ered agent. I am familiar	t: with and accept the obligations of the position.	; · ;	

Check if applicable

 $\Box$  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 Doc	
X Remove	V	Mike Jones	
X Add	<u>\$V</u>	Satly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Р	Brhydde Manzo	7450 NW 42nd Ct.
X Add			Lauderhill, FL 33319
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			- TE 2
Add			
Remove			五元 3
5) Change			- See 3 C
Add			22
Remove			
6) Change		<del></del>	
Add			
Remove			

. If amending or adding additional A (Attach additional sheets, if necessary	.rucies, enter chi ·). (Be specific)	ange(s) here: )				
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If an amendment provides for an e provisions for implementing the a (if not applicable, indicate N/A)	mendment if not	t contained in the	cellation of issi	itself:		
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	09/17/2024	
The date of each amendment(s) addate this document was signed.	option:	, if other than
	7/2024	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	bek does not meet the applicable statutory filing requirements, this date wartment of State's records.	ill not be listed as
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopt action was not required.	oted by the incorporators, or board of directors without shareholder action as	nd shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved 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 for	or the amendment(s) was/were sufficient for approval	
by Brhydde Manzo	•	
	(voting group)	
10/10/2024		
Dated	Woll May	
selected.	ector, 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 d fiduciary by that fiduciary)	
ŧ	3rhydde Manzo	
<del>-</del>	(Typed or printed name of person signing)	<del>· · · · · · · · · · · · · · · · · · · </del>
1	President	
_	(Title of person signing)	<del></del>

FILED 2024 NOV 13 AM 9: 22 SECRETARY OF STATE

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