## P240000163614

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FATTLANASSEE FLORIDA

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DEA CREATOR E	EUA CORP				
DOCUMENT NUMB	P24000063614					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	CASSIA DOSSANTOS					
•	Name of Contact Person					
	D.SPARK SERVICES LLC					
		Firm/ Company				
	771 S. KIRKMAN RD / SUITE 106					
-	Address					
	ORLANDO / FLORIDA / 32811					
-		City/ State and Zip Code	2			
	DSPARKBUSINESS@GMA	AL.COM				
-	E-mail address: (to be us	sed for future annual report	notification)			
	concerning this matter, please		440 <b>20</b> 00			
CASSIA DOSSANTOS		at (				
Name o	f Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Ame Divis P.O.	ing Address Indiment Section Identification of Corporations Box 6327 Indianate of the section of	Amend Divisio The Co 2415 f	Address Iment Section On of Corporations Entre of Tallahassee N. Monroe Street, Suite 810 Usessee, FL 32303			

## Articles of Amendment to Articles of Incorporation of

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to

IDEA CREATOR EUA CORP

(Name of Corporation as current	ly filed with the Florida Dept, of State)	
	TALL AHASSEE, FI ORIO	
(D. man at Namb at	of Corporation (if known)	
(190cument symper c	of Corporation (1) known)	
rsuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendmen	
If amending name, enter the new name of the corporation:		
	The new	
me must be distinguishable and contain the word "corporation," " nc.," or Co.," or the designation "Corp," "Inc," or "Co", hartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word	
Enter new principal office address, if applicable:	1842 THETFORD CIR	
rincipal office address <u>MUST BE A STREET ADDRESS</u> )	ORLANDO, FLORIDA 32824	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1842 THETFORD CIR	
	ORLANDO, FLORIDA 32824	
If amending the registered agent and/or registered office add		
If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		
new registered agent and/or the new registered office address		
new registered agent and/or the new registered office address  Name of New Registered Agent	<u>v:</u>	
new registered agent and/or the new registered office address  Name of New Registered Agent		
new registered agent and/or the new registered office address  Name of New Registered Agent	<u></u>	

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 Doe	
X Remove	<u>Y</u>	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
F) Change			
Add			
Remove			
2) Change			
Adđ			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	_		
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or adding additional Articles, enter change(s) here</u> :  (Attach <i>additional sheets, if necessary).— (Be specific)</i>
NEW PRINCIPAL ADDRESS 1842 THETFORD CIR, ORLANDO, FLORIDA 32824
THE FIRM OF THE PORT OF THE PO
NEW MAILING ADDRESS 1842 THETFORD CIR, ORLANDO, FLORIDA 32824
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)
(i) not applicant, indicate (1974)

The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date wide department of State's records.	ill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without shareholder action an	id shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	it for the amendment(s) was/were sufficient for approval	2024
by		3 TI
	(voting group)	3 - T
Dated	11/08/2024	TILET
Signature	AGDIAS DE M. TEYEIRA NETO  director, president or other officer - if directors or officers have not been	FILED 2024 NOV 13 AM 10: 32
select	ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	7
	ABDIAS DE M. TEIXEIRA NETO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	