P98000090004

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(***				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Bi	siness Entity Nar	ne)		
(Do	ocument Number)			
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: ENGCO INC			
DOCUMENT NUM	BER:			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	itter to the following:		
	PEDRO FIGUEIREDO			
		Name of Contact Persor	1	
	ENGCO INC			
		Firm/ Company		
	9715 WEST BROWARD BLVD. 247			
		Address		
	PLANTATION, FL 33324			
		City/ State and Zip Code	e	
	ENGCO@AOL.COM			
	-	sed for future annual report	notification)	
	on concerning this matter, plea		(22, 40/0	
	EDRO FIGUEIREDO at (954) 632-4060)	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or 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)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

to

ENGCO INC

LINGCO INC	**	u. c) I day El di B d (Cara)	
P98000090004	of Corporation as curren	tly filed with the Florida Dept. of State)	
17000070004	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following	ing amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
NA			The new
	Corp," "Inc," or "Co".	'company," or "incorporated" or the abbrevial A professional corporation name must conta	
		NA	
B. Enter new principal office address, (Principal office address MUST BE A S			
Trincipal office address MOST BETTE	TREET TIPORTODO)		<u> </u>
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		NA	
(maiing dadress MAT BE A FOST	OFFICE DON		
			<u></u>
			<u>₩</u>
D. If amending the registered agent at new registered agent and/or the new			5
· · ·	NA	<u></u>	<u> </u>
Name of New Registered Agent			- . ; .
	NA		_ N ÷
	(Florida s	treet address)	
New Registered Office Address:	NA	, Florida	
		(City) (Zip	Code)
Name Descriptional Assemble Circumstations of a	handa Booletaned Agon		
New Registered Agent's Signature, if c I hereby accept the appointment as regist		<u>u:</u> with and accept the obligations of the position	<u>.</u>
	Ţ .	, <u>,</u> , , ,	
	_		
			_
	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)

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>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VS ———	CRISTIANE C. FERREIRA	9715 W. BROWARD BLVD 247
X Add			PLANTATION FL 33324
Remove			
2) Change	<u> </u>		
Add			
Remove Change			
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional A (Attach additional sheets, if necessary)). (Be specific)	.	
A			
	<u></u>		
	·····		
			
<u> </u>			
**			
If an amendment provides for an ex provisions for implementing the an	<u>change, reclassification, or</u> nendment if not contained i	<u>cancellation of issued sha</u> in the amendment itself:	ares.
(if not applicable, indicate N/A)			
		-	
			
· 			<u>. </u>
<u> </u>			,

The date of each amendment(s	adoption:	, if other than the
date this document was signed.	5/01/2023	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirement Department of State's records.	s, this date will not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the ame sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The followin for each voting group entitled to vote separately on the amendmen	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	15/01/2023 /	
	a different president or other officer – if directors or officers have a cted, by an incorporator – if in the hands of a receiver, trustee, or officers have a contract of the hands of a receiver.	
	sinted fiduciary by that fiduciary)	
	PEDRO FIGUEIREDO	
	(Typed or printed name of person signing)	
	PT	
	(Title of person signing)	