P13000005538

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TAPIOCA	'S BRAZILIAN NORTHE	AST FOODS CORP
DOCUMENT NUMBE	D13000005538		
The enclosed Articles of	"Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this mat	iter to the following:	
		AUGUSTO FERREIRA	A
_		Name of Contact Person	1
	CENTR	AL FLORIDA FORMS SI	ERVICE INC
_		Firm/ Company	
	185	S WESTMONTE DR SUI	TE 1216
	 	Address	
	F	ALTAMONTE SPRINGS I	FL 32714
		City/ State and Zip Cod	e
	CENTI	RALFLORIDAFORMS@G	JMAIL.COM
		sed for future annual report	
For further information of	concerning this matter, pleas	407	786-6400
	Contact Person	at () de & Daytime Telephone Number
, , , , , , , , , , , , , , , , , , , ,	the following amount made		
□ \$35 Filling 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)
Amen Divisi P.O. F	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Ameno Divisio Cliftor 2661 b	Address Iment Section on of Corporations i Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

ent(s) to

	TAPIOCA'S BRAZIL NORTHEAST FOODS CORP	
(Name of Corporation as currently filed with the Florida Dept. of State) P13000005538		N. A.
(Document Number	of Corporation (if known)	974.75
fursuant to the provisions of section 607.1006, Florida Statutes, this is Articles of Incorporation:	s Florida Profit Corporation adopts the follow	ving amendme
. If amending name, enter the new name of the corporation:		
US TAPIOCA'S CORP.		The nev
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name mu	abbreviation
3. Enter new principal office address, if applicable:	1372 N. GOLDENROD RD SUITE 15	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	ORLANDO, FL 32807	
Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)	1372 N. GOLDENROD RD SUITE 15	
	ORLANDO, FL 32807	
	ORLANDO, FL 32807	
 If amending the registered agent and/or registered office ad- new registered agent and/or the new registered of fice addre 	dress in Florida, enter the name of the	
 If amending the registered agent and/or registered office adenew registered agent and/or the new registered of fice address. 	dress in Florida, enter the name of the	
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered of fice addresses and agent agent agent	dress in Florida, enter the name of the	
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered of fice addresses and agent agent agent	dress in Florida, enter the name of the ss:	

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: Trustice; 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	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

The date of each amendment(s) addate 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 datartment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of votes cast for the amendment(s ficient for approval.)
	oved by the shareholders through voting groups. The following statementach voting group entitled to vote separately on the amendment(s):	ıt
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
hy	(voting group)	
•	(voting group)	
action was not required.	oted by the board of directors without shareholder action and shareholde oted by the incorporators without shareholder action and shareholder	r
action was not required.		
Dated	A	
(By a disselected	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 course (fiduciary by that fiduciary)	
	ROBERIO J FONSECA	
-	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	