P17000031517

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JAMAILE DE SOUZA REIS PA						
DOCUMENT NUMBER: P17000031517						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this	matter to the following:					
RAFAEL DE ARAUJO E	sq					
	Name of Contact Person					
LAW OFFICE OF RAFAL	EL DE ARAUJO PA					
	Firm/ Company					
1221 BRICKELL AVENU	• •					
	Address					
MIAMI FL 33131						
City/ State and Zip Code						
RAFAEL@DEARAUJOLAW.C	СОМ					
E-mail address: (to be	used for future annual report notification)					
For further information concerning this matter, please call:						
RAFAEL DE ARAUJO ESQ	at (305) 542-6899 Area Code & Daytime Telephone Number					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee Secretificate of Status						
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					

Articles of Amendment to Articles of Incorporation of

	OI			
JAMAILE DE SOUZA REIS PA			•	
(Name	of Corporation as currently file	d with the Florida De	pt. of State)	
P17000031517				
	(Document Number of Cor	poration (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	1.1006, Florida Statutes, this Flori	da Profit Corporation	adopts the following ar	nendment(s)
A. If amending name, enter the new n	ame of the corporation:			
				e new
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the desig word "chartered," "professional associa	nation "Corp," "Inc," or "Co".	A professional corpo	porated" or the abbre ration name must con	rviation tain the
B. Enter new principal office address (Principal office address MUST BE A S				
(1 Incepta office address incopy BLAS	<u> </u>			
	_			
C. Enter new mailing address, if app (Mailing address MAY BE A POST				
(mutung duaress MA) BE A FOST	OFFICE BOX)			

	_			
D. If amounting the west-towed areas.		Y21		_ =
D. If amending the registered agent as new registered agent and/or the ne	<u>un/or registered office address i</u> w registered office address:	i Florida, enter the na	ame of the	コラ
Name of New Registered Agent	JAMAILE DE SOUZA REIS			돌 물
Name of New Registered Agent	2000 N BAYSHORE DR #306			1
	(Florida street ag	dress)		
	MIAMI	,	_, Florida	= ;
New Registered Office Address:	(City)		, Florida(Zip Code	
	, <i></i>		• •	<u>्</u> 2
New Registered Agent's Signature, if			6.4	
I hereby accept the appointment as regis	terea agent. I am jamiliar with a	na accept the obligation	ns of the position.	
	formaile de Sousa	leis		
	formaile ole Souna Signature of New Regist	ered Agent, if changing	<u> </u>	

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)

Frample:

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	PT	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	P	JAMAILE DE SOUZA REIS	2000 N BAYSHORE DR #306
X Add			MIAMI FL 33137
Remove			
2) Change		JAMAILE REIS	2000 N BAYSHORE DR #306
Add			MIAMI FL 33137
X Remove			
3) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
4) Change			
Add			***************************************
Remove			
5) Change			
Add			
Remove			
6) Change			
, Add			
Pernoue			

	dding additional sheets, if necessa	ry). (Be specif	(ic)			
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f an amendment	provides for an	exchange, recla	ssification, or ca	incellation of is	sned shares	
<u>provisions for it</u>	nplementing the	<u>amendment if n</u>	ot contained in	the amendmen	t itself:	
(if not applie	cable, indicate N/A	1)				
				 		
			y			

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
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 document's effective date on the Department of State's records.	date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	t(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	der
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
05/25/2017 Dated	
Signature formail dl Soya Pu's (By a director, president or other officer – if directors or officers have not bee	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary)	n urt
JAMAILE DE SOUZA REIS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	All harmonia