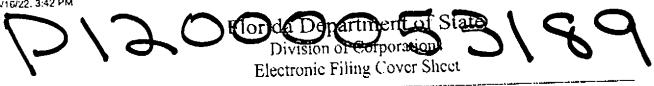
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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : EAGLE TAX REPRESENTATION, CORP.

Account Number : 120070000037 Phone : (9\$4)532-3842

Fax Number : (954)532-3847

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NAME OF CORPO	ration: Seven export,	INC	
DOCUMENT NUM	D11000052190		
	-	Laborate of	
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Please return all corre	spondence concerning this mat	tter to the following:	
	Paulo Oliveira		
		Name of Contact Person	
	Eagle Tax Representation, Co	огр	
		Firm/ Compuny	
	5493 Wiles Road - Stc 105		
		Address	
	Coconut Creek, FL - 33073		
		City/ State and Zip Code	
	paulo@cagle-tax.com		1017
	E-mail address; (to be us	sed for future annual report notification)	
For further information	on concerning this matter, please	se call:	2022 JUN 16
Paulo Oliveira, EA		at (954 ) 532-3842	- N 2:
Name	of Contact Person	Area Code & Daytime Telephone Number	(A)
Enclosed is a check fi	or the following amount made	payable to the Florida Department of State:	<i>نا</i> ل ال
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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

SEVEN EXPORT, INC		
(Name of Corporation as cur	rently filed with the Florida Dept. of State)	
P12000053189		
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the follow	ring amendment(s) to
A. If amending name, enter the new name of the corporatio	<u>n:</u>	
ETERNAL CONSULTING GROUP, INC		The new
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co "chartered," "professional association," or the abbreviation "	o". A professional corporation name must cont	tion "Corp.," rain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2027
		11 -
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the	
new registered agent and/or the new registered office ad	ldress:	. 13
Name of New Registered Agent		
		1 - 1
(Flor	rida street address)	<del></del>
N. B. J. (65% Allow)	. Florida	
New Registered Office Address:	(City) (2	Zip Code)
. •		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	Agent:	on.
I hereby accept the appointment as registered agent. I am just	and the discourse of the same	
Signature of	New Registered Agent, if changing	
Check if applicable		
The amendment(s) is/arc being filed pursuant to s. 607.012	0 (11) (c), 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 us an Add.

X Change	er	John Do	<u>)e</u>		
X Remove	<u>v</u>	Mike Jo	ines		
_X Add	<u>\$V</u>	Sally Sa	with		
Type of Action (Check One)	Title		<u>Name</u>		Address
1) Change		_			
Add					
Remove					
2) Change		_			
Add					
Remove 3) Change		_		.,	
Add					
Remove					<u> </u>
4) Change		_			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

(Attac	ending or adding additional Articles, enter change(s) here: th additional sheets, if necessary). (Be specific)
	<del></del>
	<del></del>
If an	amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself:
pro	(if not applicable, indicate N/A)
/A	

	06/15/2022
The date of each amendment(s	adoption:, if other than the
date this document was signed.	06/15/2022
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for approval
by	
·	(voting group)
	/2022
Dated	
0:	
Signature <u>Y</u> (By	Klington president or other officer - if directors or officers have not been
seld	by an incorporator - if in the hands of a receiver, trustee, or other court
-app	direct fiduciary by that fiduciary)
	AMERICO P PEDROSA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)