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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT -2 AM 11:13

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Brazilian Voices, Inc.

DOCUMENT NUMBER: NO5000000460

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KATIA P. IOLE

(Name of Contact Person)

Brazilian Voices, Inc

(Firm/ Company)

1792 Bell Tower Lane

(Address)

Weston, FL 33326

(City/ State and Zip Code)

katia@pobox.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Loren Oliveira

(Name of Contact Person)

at (954) 937-2455

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT -2 AM 11:13

Brazilian Voices, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N05000000460

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1792 Bell Tower Lane

Weston, FL 33326

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

same as above

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Katia Pirozzi-Iole

New Registered Office Address:

3229 Huntington

(Florida street address)

Weston, FL

(City)

Florida 33332

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Presid _{nt} <i>President</i>	<u>Loren Oliveira</u>	<u>16060 South post Rd, apt # 204</u> <u>Weston, FL 33331</u>	☒ Add ☐ Remove
Presid _{nt} <i>President</i>	<u>Beatriz Malnic</u>	<u>16680 South Post Road, Apt # 26</u> <u>Weston, FL 33331</u>	☒ Add ☐ Remove
Vice-P _{res} <i>Vice-President</i>	<u>Paola Callahan</u>	<u>16507 Diamond Head Dr</u> <u>Weston, FL 33326</u>	☒ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:
 (attach additional sheets, if necessary). (Be specific)

TITLE: Treasurer - Andrea Felizardo - DELETED -65 NW 62 Ave, Miami FL, 33029 US

TITLE - Director - Paola Callahan - DELETED

TITLE: Flavia Andrade Lima - DELETED - 1155 Brickell Bay Dr, 2611, Miami FL 33131 US

TITLE TREASURER - Marize Casaes - ADDED - 5164 NW 121 Dr., Coral Springs, FL 3307

The date of each amendment(s) adoption: August 24, 2009

(date of adoption is required)

Effective date if applicable: August 24, 2009

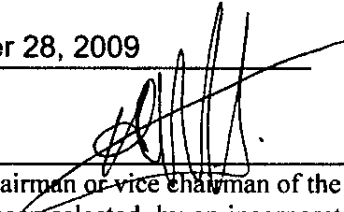
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated September 28, 2009

Signature 

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Katia Pirozzi-Iole

(Typed or printed name of person signing)

Director

(Title of person signing)