NOTOOOOO 9759

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: Maculele Miami Brazilian Arts Institute, Inc.
DOCUMENT NUMBER: <u>N0700009759</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Brian De Faria (Name of Contact Person)
Maculcle Miami Brazilian Arts Institute, Inc. (Firm/Company)
2954 3W 30 Ave. (Address)
Pembroke Park, FL 33009 (City/State and Zip Code)
Briande Faria @ Gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brian De Faria at 786 - 200 - 0961 (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 \$\begin{array}{ c c c c c c c c c c c c c c c c c c c
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

colele	Miami	Brazilian	Arts	Instit	Lute	,100
		as currently filed with				,
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(Document Number of Corporation (in Known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
Capoeira For All Inc. The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
The new that the wind above to the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.
Company or co. may not be specially the same.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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:
(Florida street address)
New Registered Office Address:
Florida
(City) , Florida, (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)

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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doc Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		_	
Add			···
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
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(attach additional sheets, if necessary).	icles, enter chans (Be specific)				
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The date of each amendment(s) adoption: _ date this document was signed.	9/23/2019	, if other than the
Effective date if applicable:	9/26/2019	
(no	more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of	of State's records.	this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the a	mendment(s)
There are no members or members entitle adopted by the board of directors.	ed to vote on the amendment(s). The amendment(s)) was/were
Dated 9/23	3/2019	
Signature	1/10/1	
(By the chairman or vi- have not been selected	ce chairman of the board, president or other officer d, by an incorporator – if in the hands of a receiver, fiduciary by that fiduciary)	
	Brian De Faria (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	