## N12000006570

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## COVER LETTER

TO: Amendment Section Division of Corporations

Diffinon of corporations		
NAME OF CORPORATION: Brazil CL	ultural Grou	p Inc
DOCUMENT NUMBER: N120000	06570	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Aloysio Vasconcellos		
	(Name of Contact Perso	n)
Brazilian Business Grou	p Inc	
	(Firm/ Company)	
8628 Via Ancho Rd		
	(Address)	
Boca Raton,FL 33433		
	(City/ State and Zip Cod	e)
vasconcellos@we		
For further information concerning this matter, please	call:	,
Efraim Augusto Silva	239	829-1040
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	urtment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fec Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FI. 32301

## Articles of Amendment to Articles of Incorporation of

Brazil Cultural Group Inc		
(Name of Corporation as currently filed with the F	lorida Dept. of State)	
N12000006570		
(Document Number of Corp	oration (if known)	
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts	s the following
A. If amending name, enter the new name of the corpora	ation:	
Brazilian Cultural Group Inc		The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Cor	
B. Enter new principal office address, if applicable:	N/A	·*.
(Principal office address MUST BE A STREET ADDRES.	<b>(</b> S)	· · ′ දු
		—
C. Enter new mailing address, if applicable:		- U
(Mailing address MAY BE A POST OFFICE BOX)	N/A	
		/\sigma_{\sigma}
		— 6
		<u></u>
D. If amending the registered agent and/or registered of	fice address in Florida, enter the name of the	
new registered agent and/or the new registered office	s address:	
Name of New Registered Agent: N/A		
New Registered Office Address:	(Flortda street address)	
***************************************	, Florida	*****
(City	y) (Zip Code)	
New Registered Agent's Signature, if changing Registere		
I hereby accept the appointment as registered agent. I am j	familiar with and accept the obligations of the positi	on.
Signature of New Reg.	ristered Agent, if changing	

Page 1 of 4

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 Doe Mike Jones Sally Smith		
Type of Action (Check One)	Title	Name		Address
1) Change		N/A		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				· · · · · · · · · · · · · · · · · · ·
Remove				
4) Change				
Add		-		
Remove				
5) Change				
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
6) Change				
Add	<del></del>		<del></del>	
Remove				

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)	
/A		
	W.C. LIBRON CONTROL CO	
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The	date of each amendmen	i(s) adoption: 2/23/2013
Effe	ective date if applicable:	N/A
Dire	<u></u>	(no more than 90 days after amendment file date)
Ado	ption of Amendment(s)	(CHECK ONE)
	The amendment(s) was/w was/were sufficient for ap	rere adopted by the members and the number of votes cast for the amendment(s)
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were lirectors.
	Signature(By the	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Andrea	Faria
	Preside	(Typed or printed name of person signing)
		(Title of person signing)