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Amend

AUG 25 2015 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

Brazil-Florid	la Business Council. Inc.
N14000011425 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
Sueli Bonaparte	
	(Name of Contact Person)
Brazil-Florida Business Council, Inc.	
	(Firm/Company)
2202 N West Shore Blvd Suite 200	
	(Address)
Tampa, FL 33607	
	(City/ State and Zip Code)
brazilflorida business @brazilflorida business. c	com
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	, please call:
Joaquin Jaime	813 406-9497
(Name of Contac	t 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 \$43.75 Filing Certificate of	SFee & \$\subseteq\$\$43.75 Filing Fee & \$\subseteq\$\$Status Certified Copy (Additional copy is enclosed) \$\subseteq\$\$ (Additional Copy is Enclosed)
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Brazil-Florida Business Council, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N14000011425 (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 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS C. Enter new mailing address, if applicable: N/A (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: Joaquin Jaime Name of New Registered Agent: 7250 Derwent Glen Circle (Florida street address) New Registered Office Address: Land O'Lakes (City) (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>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Chisholm, Maria Pia	2202 N Westshore Blvd., Suite 200
Add X Remove			Tampa, FL 33607
2) Change	<u>D</u>	Callahan, Jean Marie	2202 N Westshore Blvd., Suite 200
Add X Remove			Tampa, FL 33607
3) Change	VD	Marco Franca	4363 Doral Court
X Add Remove			Lakeland, FL 33801
4) Change	D	Vaine Angelo	15002 Lakeside Cove Ct.
X Add Remove			Odessa, FL 33556
5)Change		 -	
Add			
6) Change			
Add			

E. If amending or adding additional Articles, enter change(s) here:					
(attach additional sheets, if necessary). (Be specific)					
N/A					
- · · · · · · · · · · · · · · · · · · ·	_				
	<u>.—.</u>				

	date of each amendment this document was signed	· · · · · · · · · · · · · · · · · · ·	_, if other than the
	ective date <u>if applicable</u> :	07/17/2015	
		(no more than 90 days after amendment file date)	
		nis block does not meet the applicable statutory filing requirements, this date will not be be be because of State's records.	ne listed as the
Ada	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/w was/were sufficient for ap	were adopted by the members and the number of votes cast for the amendment(s) oproval.	
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated Augu	st 20, 2015	
	Signature	Bonapuse	
	have i	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	Su	eli Bonaparte	
	_	(Typed or printed name of person signing)	
	Pre	esident	
	-	(Title of person signing)	