

PD00000025199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

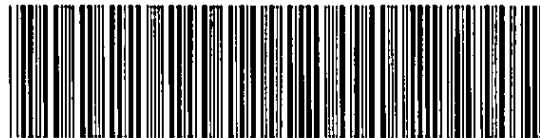
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 JAN -4 PM 2:21
IA

Amend

JAN 10 2018
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BRAZILIAN FASHION, INC ,

DOCUMENT NUMBER: P00000025199

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

Please return all correspondence concerning this matter to the following:

CRISTINA IBEN

Name of Contact Person

CNA BOOKKEEPING SERVICES LLC

Firm/ Company

1108 KANE CONCOURSE STE 205-B

Address

BAY HARBOR ISLANDS, FL 33154

City/ State and Zip Code

CNABOOKKEEPER@GMAIL.COM

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

For further information concerning this matter, please call:

CRISTINA IBEN at (305) 866-7740
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:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2017

CRISTINA IBEN
CNA BOOKKEEPING SERVICES LLC
1108 KANE CONCOURSE - STE. 205-B
BAY HARBOR ISLANDS, FL 33154

SUBJECT: BRAZILIAN FASHION, INC.
Ref. Number: P00000025199

We have received your document for BRAZILIAN FASHION, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please submit/complete the form in its entirety.

The name and title of the person signing the document must be noted beneath or opposite the signature.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 117A00025314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2017

CRISTINA IBEN
CNA BOOKKEEPING SERVICES LLC
1108 KANE CONCOURSE STE. 205-B
BAY HARBOR ISLANDS, FL 33154

SUBJECT: BRAZILIAN FASHION, INC.
Ref. Number: P00000025199

We have received your document for BRAZILIAN FASHION, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$10.00.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 117A00023472

* Uncomplete Form
* Type/print title

Articles of Amendment
to
Articles of Incorporation
of

BRAZILIAN FASHION, INC.

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

P00000025199

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

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

The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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

6996 INDIAN CREEK DR.

MIAMI BEACH, FL 33141

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

1108 KANE CONCOURSE STE 205-B

BAY HARBOR ISLANDS, FL 33154

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

CRISTINA IBEN

1108 KANE CONCOURSE STE 205-B

(Florida street address)

New Registered Office Address:

BAY HARBOR ISLANDS

Florida 33154

(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

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2019 JAN -4 PM 2:21
CLERK OF CIRCUIT COURT
JAN 4 2019

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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u> </u> Change	<u>PD</u>	<u>PRIMAO, VALDECIR</u>	<u>6996 INDIAN CREEK DR.</u>
<u> </u> Add			<u>MIAMI BEACH, FL 33141</u>
<u>X</u> Remove			
2) <u> </u> Change	<u>CEO</u>	<u>FERNANDO, GOULART</u>	<u>6996 INDIAN CREEK DR.</u>
<u> </u> Add			<u>MIAMI BEACH, FL 33141</u>
<u>x</u> Remove			
3) <u> </u> Change	<u>P</u>	<u>AMAURI A MOTA</u>	<u>6996 INDIAN CREEK DR.</u>
<u>X</u> Add			<u>MIAMI BEACH, FL 33141</u>
<u> </u> Remove			
4) <u> </u> Change	<u>VP</u>	<u>LUIS H REIS</u>	<u>6996 INDIAN CREEK DR.</u>
<u>X</u> Add			<u>MIAMI BEACH, FL 33141</u>
<u> </u> Remove			
5) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
6) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			

F. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

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

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 12/29/2017

Signature

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

LUIS H REIS

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)