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R. WHITE



## **COVER LETTER**

Division of Corporations iguem NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company Miami, Fc 33178
City/ State and Zip Code For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **\$43.75** Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee

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enclosed)

(Additional copy is

**Mailing Address** 

TO: Amendment Section

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

Certificate of Status

Street Address

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

Certificate of Status

Certified Copy (Additional Copy

is enclosed)

## Articles of Amendment to Articles of Incorporation

16 DEC -9 PM 3: 01

Articles of Incorporation quem USA (Name of Corporation as currently filed with the Florida Dept. of State) P0300076357
(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: NIA 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) 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) 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 Office'rs 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	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
_X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>ddres</u> s	
1) Change	_P	Mauricio 7	de Souza_	195 Whirl St Palm Bay, Fi 32°	- ~
Add			_1	Palm Bay, Fi 32°	908
Remove			_		
2) Change	VP	Anderson	A. De Souza	7310 Barbara R	2
Add			<u></u>	Cocoa, F 32927	
Remove					
3) Change					
Add					
Remove			_		
4) Change					
Add			_		
Remove				24	
5) Change					
Add					
Remove			_		
6) Change					
Add					
Remove					

accordance with s. 607.604, F.S.	TION OPTIONS, IF APPLICABLE: quired minimum status vote, elects to be a Florida Profit Benefit Corporation in ion is organized is to create a general public benefit and:			
NIA				
The general and/or specific public benefit(s follows (optional):	The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):			
N/A				
	rector(s), if any, are as follows:			
The name(s) and address(es) of the Benefit Name and Title:	t Director(s) and/or Benefit Officer(s), if any:  Name and Title:			
Address:	Address:			
	(Include attachment if necessary)			
	quired minimum status vote, terminates its status as a Florida Profit Benefit, F.S. The revised purpose for which the corporation is organized is as follows:			
NIA				

s. N/A	
3. <u>10/71</u>	
The public benefit for which the corpor	
_ N/A	
The specific public benefit(s) to be crea	ated by the corporation (in addition to the above) is/are as follows (optional):
•	
IV ( A	
The additional qualifications of Benefit	t Director(s), if any, are as follows:
NTA	
The name(s) and address(es) of the Ber Name and Title:	nefit Director(s) and/or Benefit Officer(s), if any:  Name and Title:
Address:	Address:
	(Lash de anadauant i Grandana)
	(Include attachment if necessary)
m)	he required minimum status vote, terminates its status as a Florida Profit Social, 505, F.S. The revised purpose for which the corporation is organized is as fo
Corporation in accordance with s. 607.	F

	ach additional sheets, if necessary).	<u>les, enter change(s) here</u> : (Be specific)
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16		1 10 11
provi	sions for implementing the amend	nge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:
provi	isions for implementing the amend if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:
provi	isions for implementing the amend if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:
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provi	isions for implementing the amend if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:

The date of each amendment(s) adopt date this document was signed.	ion:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
The amendment(s) was/were approve must be separately provided for each	d by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by	(voting group)	
	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated	05/2016	
<b>(197</b> ) a direct selected, by	or, posident or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)	
	Marcos S. Brandao (Typed or printed name of person signing)	
	(Title of person signing)  (Title of person signing)	