Division of Corporations Electronic Filing Cover Sheet

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COR AMND/RESTATE/CORRECT OR O/D RESIGN USA BRAZIL COSMETIC AND ELECTRONICS, CORP

| Certificate of Status | 0 |
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Help

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

COVER LETTER

Division of Corporations NAME OF CORPORATION: USA BRAZIL COSMETIC AND ELECTRONICS, CORP P03000087470 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARIA PINHEIRO Name of Contact Person AIT PLUS CONSULTING, LLC Firm/ Company 8421 S ORANGE BLOSSOM TRAIL SUITE 109 Address ORLANDO, FL 32809 City/ State and Zip Code maria@aitplus.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407) 582-9830
Area Code & Dayrime Telephone Number MARIA PINHEIRO Name of Contact Person 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 Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301 850-617-6381

10/15/2012 10:41:00 AM PAGE 1/001 Fax Server



October 15, 2012

FLORIDA DEPARTMENT OF STATE

USA BRAZIL COSMETIC AND ELECTRONICS, CORPORATIONS 3295 SW 1ST COURT DEERFIELD BEACH, FL 33442US

SUBJECT: USA BRAZIL COSMETIC AND ELECTRONICS, CORP

REF: P03000087470

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check what type of action for the officer listed on the document.

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.

Teresa Brown Regulatory Specialist II FAX Aud. #: E12000248577 Letter Number: 612A00025337

RECEIVED
12 OCT IS AN 8: 03
NAMES OF STREET

Articles of Amendment to Articles of Incorporation of

USA BRAZIL COSMETIC AND ELECTRONICS, CORP

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

ndment(s) to

| P03000087470 | | | |
|--|----------------------------------|---------------------------|--|
| (Document Number | r of Corporation (if kn | own) | |
| Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation: | orida Statutes, this <i>Floi</i> | rida Profit Corporation e | adopts the following amendm |
| A. If amending name, enter the new name of the | e corporation: | | |
| name must be distinguishable and contain the v "Corp" "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the contact of the contact | orp," "Inc," or "Co" | '. A professional corpor | The net norated" or the abbreviation ration name must contain th |
| B. <u>Enter new principal office address, if applica</u> (Principal office address <u>MUST BE A STREET A</u> | | | |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>) | <i>BOX</i>) | | |
| D. If amending the registered agent and/or registered agent and/or register | | in Florida, enter the na | me of the |
| Name of New Registered Agent | | | • |
| | (Florida street a | ddress) | _ |
| New Registered Office Address: | (City) | , Florida | |
| | (City) | | (Zip Code) |
| New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent | | and accept the obligation | as of the position. |
| | | | • |
| 52 t d | CM D 4 | | |

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.

| X Change | PI | John Doc | |
|-------------------------------|-------------|-----------------------------|---------------------------|
| X Remove | <u>v</u> | Mike Jones | |
| _X Add | <u>s</u> y | Sally Smith | |
| Type of Action (Check One) | Title | Name | Address |
| 1)Change | VP | Jose Alejandro Lopez Aguiar | 3295 SW 1ST COURT |
| _✓_ Add | | • | DEERFIELD BEACH, FL 33442 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | 1 | | |
| 4)Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | , | |
| Add | | | |
| Remove | | | |

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| nge, reclassifi Iment if not c | cation, or ca ontained in t | ncellation o the amendm | <u>f issued sha</u> ent itself: | res, |
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| | | | | |
| 3 | ige, reclassifi ment if not c | ige, reclassification, or cament if not contained in | ige, reclassification, or cancellation o ment if not contained in the amendm | age, reclassification, or cancellation of issued sha ment if not contained in the amendment itself: |

| The date of each amendment(s) | adoption: 10/12/2012 |
|---|---|
| Effective date if applicable: | 0/12/2012 |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| ■ The amendment(s) was/were a by the shareholders was/were | iopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval. |
| | sproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s): |
| "The number of votes ca | t for the amendment(s) was/were sufficient for approval |
| by | |
| | (voting group) |
| ☐ The amendment(s) was/were a action was not required. | lopted by the board of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/were a action was not required. | opted by the incorporators without shareholder action and shareholder |
| Dated 10/12 | /2012 |
| Signature | THAT. |
| (By a selec | director, president of other officer — if directors or officers have not been ed, by an incorporator — if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary) |
| | MARCOS A SILVEIRA |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |