P0500091481

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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| | | |

Office Use Only



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Amend Mame chs

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BRAZILIAN SLIM COMPLEX INC.

DOCUMENT NUMBER: POSO00091481

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

Please return all correspondence concerning this matter to the following:

RODI G. (2017A127)

| Name of Contac | t Person |
|---------------------|------------|
| BRAZILIAN. SCIM COL | MPLOX INC. |
| Firm/ Comp | any |
| 1070 SW ISS PL | |
| Address | |
| MISMI, FL 33 | 3196 |
| City/ State and Z | |

For further information concerning this matter, please call:

RUM CONZALCZ at 305 385-2494

Name of Contact Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

\$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$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

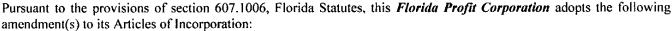
Articles of Amendment Articles of Incorporation



BRAZILIAN SIM COMPLEX INC.

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

Po Sooo 9148 (Document Number of Corporation (if known)



| amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of t | he corporation | 1: | |
|---|-----------------|------------------------|---|
| SLIMCURP, INC. | | | The new |
| name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the d name must contain the word "chartered," "profe | lesignation "Ĉo | orp," "Inc," or "Co" | " or "incorporated" or the . A professional corporation |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | | 14629 SW | 104 ST. |
| | | APT. #42 | 2 |
| | | MIAMI, FL 3 | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | <u>E BOX</u>) | 14679 SW 1 | |
| | | APT #422 | |
| | | MIAMI, FL 33 | 186 |
| D. If amending the registered agent and/or re | gistered office | address in Florida, e | enter the name of the |
| new registered agent and/or the new registe | | | |
| Name of New Registered Agent: | Rupy G | ONZALOZ | |
| | 14629 SV | 1 104 ST. 1 | APT #422 |
| New Registered Office Address: | | da street address) | <u>· </u> |
| | MAMI | | , Florida_331 <i>86_</i> _ |
| - | (City) | (| Zip Code) |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered age | | | ha abligations of the position |
| і петеоў ассері те арронітені аз тедіметей ад | eni. 1 um jumi | nar wiin ana accept i | ne obligations of the position. |
| Sig | znature of New | Registered Agent, if c | 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)

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|-----------------|--|-----------------------------------|----------------|
| PRes | BB: RODIFO I. GONZALEZ | 11070 SW 155 PL | Add |
| | | MIAMI, FC 33196 | Remove |
| DIRE | TORRZINHA, I. GONZALEZ | 11070 SW 155 PL | — □ Add |
| | | MM1, FL 33196 | Remove |
| PRes | RUDY GONZALEZ | 14629 SW 104 ST, | — MAdd |
| | | APT #422 MIAMI, FL 33186 | |
| | ding or adding additional Articles, enter additional sheets, if necessary). (Be speci | | |
| | | | · |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| F. <u>Ifana</u> | mendment provides for an exchange, rec | lassification, or cancellation of | issued shares, |
| | ions for implementing the amendment if | not contained in the amendmen | t itself: |
| (if i | not applicable, indicate N/A) | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| The date of each ame | adment(s) adoption: 02/02/10 |
|-------------------------------------|--|
| Effective date <u>if appl</u> | (uate of quophon is required) |
| <u></u> | (no more than 90 days after amendment file date) |
| Adoption of Amendn | ent(s) (<u>CHECK ONE</u>) |
| The amendment(s) by the shareholder | was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval. |
| | was/were approved by the shareholders through voting groups. The following statement provided for each voting group entitled to vote separately on the amendment(s): |
| "The number | f votes cast for the amendment(s) was/were sufficient for approval |
| by | (voting group) |
| | (voting group) |
| The amendment(s) action was not req | was/were adopted by the board of directors without shareholder action and shareholder ired. |
| The amendment(s) action was not req | was/were adopted by the incorporators without shareholder action and shareholder ired. |
| Date | 02/02/10 |
| Sign | ature |
| | selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| | RODUFO I. GONZALOZ |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |