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(Requestor	s Name)
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(Document	Number)
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COVER LETTER

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TO: Amendment Section Division of Corpora				
NAME OF CORPORA	^		CO.	AND SEP LO SAME TO
DOCUMENT NUMBE	:R:	13 Ø 293		£ .
The enclosed Articles of	Amendment and fee are sub	omitted for filing.		چ
Please return all correspond	ondence concerning this mat	ter to the following:		
_	Jara	Name of Contact Persor		-
_	Mopical	Firm/ Company	ba Aropical S	MOOLALE
	707 HW SI.	Lucie West	Bird Suite	199
	Post St. Luci	Address	is bo	
	S. Cians a	·		
	S. CICONE C E-mail address: (to be us	ed for future annual report	notification)	
For further information of	concerning this matter, pleas	e call:		
In and	Kuda	at (11)	, 349 8348	
Name of	Contact Person		de & Daytime Telephone Numbo	<u>-</u> -
Enclosed is a check for t	he following amount made p	ayable to the Florida Depa	rtment of State:	
\$35 Filing Fee	□\$43.75 Filling 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

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2110 SEP 28 PM 48 42

nent(s) to

ts Articles of Incorporation:		
A. If amending name, enter the new name of the corpora	ation:	
		The nev
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	ic," or "Co". A profession	r "incorporated" or the abbreviatio nal corporation name must contain th
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u></u>	
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 new registered agent and/or the new registered office		er the name of the
Name of New Registered Agent		
· · · · · · · · · · · · · · · · · · ·	lorida street address)	
New Registered Office Address:		, Florida
	(Ciţy)	(Zip Code)
New Registered Agent's Signature, if changing Registere	d Agent:	
hereby accept the appointment as registered agent. I am f		obligations of the position.

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	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	6	Sara Arruda	2566 SE West Blackwell De
Add			Port St. Lycie, FL 34952
Remove			
2) Change	<u> </u>	Bryan Arruda	2566 SE WAST BICCYWEII Dr. ROA St. Were St. 34952
Add · Remove			
3) Change	42	Brenda Surherland	2014 St Baron St. Port St. War Fr 34952
Add Remove			1017 St. WCIE M 34403
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Damaya			

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	.
	
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	nance recluseification or cancellation of issued shares
If an amendment provides for an each	
provisions for implementing the ame	ndment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
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(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

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)	
(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 document's effective date on the Department of State's records.	will not be listed as the
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.	
Dated9/24/2018	
Signature Sala alluda	
(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 (iduciary by that (iduciary))	
Sara Arruda	
(Typed or printed name of person signing)	
Zroshiposk	
(Title of person signing)	

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