P110000024067

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Me 12 July



TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: BRICKELL 1000,	INC	
DOCUMENT NUMB	ER: P11000024067		
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
I	RAFAEL DE ARAUJO, ESC)	
-		Name of Contact Persor	1
I	DE ARAUJO LAW FIRM, P	LLC	
-		Firm/ Company	
]	221 BRICKELL AVENUE,	SUITE 900	
-		Address	
Ĩ	MIAMI, FL 33131		
-		City/ State and Zip Code	<u> </u>
RAFA	EL@DEARAUJOLAW.CO	М	
	9	sed for future annual report	notification)
	is man address. (10 00 di	ou to the desired to the terms of the terms	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
For further information	concerning this matter, pleas	e call:	
RAFAEL DE ARAUJO)	at (305	542-6899
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Amer Divis	ing Address ndment Section ion of Corporations Box 6327	Amend Divisio	Address ment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

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

00 00

(Document Number of Corporation (if known)

	The	e ne
	rd "corporation," "company," or "incorporated" or the abbrev b," "Inc," or "Co". A professional corporation name must conto abbreviation "P.A."	
3. Enter new principal office address, if applicat	11900 BISCAYNE BOULEVARD, SUITE 508	
Principal office address <u>MUST BE A STREET Al</u>		
	11000 DIGGA VAND DOUL EVAND, CHITE 500	
Enter new mailing address, if applicable:	11900 BISCAYNE BOULEVARD, SUITE 508	
(Mailing address MAY BE A POST OFFICE B	MIAMI, FL 33181	
(Mailing address <u>MAY BE A POST OFFICE B</u>	MIAMI, FL 33181 red office address in Florida, enter the name of the	
(Mailing address MAY BE A POST OFFICE B D. If amending the registered agent and/or registered	MIAMI, FL 33181 red office address in Florida, enter the name of the	
(Mailing address MAY BE A POST OFFICE B). If amending the registered agent and/or registered registered agent and/or the new registered	MIAMI, FL 33181 red office address in Florida, enter the name of the office address:	
(Mailing address MAY BE A POST OFFICE B). If amending the registered agent and/or registerew registered agent and/or the new registered Name of New Registered Agent	MIAMI, FL 33181 red office address in Florida, enter the name of the office address: (Florida street address)	
(Mailing address MAY BE A POST OFFICE B). If amending the registered agent and/or registered registered agent and/or the new registered	MIAMI, FL 33181 red office address in Florida, enter the name of the office address:	

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	<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>Addres</u> s
1) Change	P	PAULO C LEMOS	ALAMEDA MAMORE, 911
Add X Remove			BARUERI, SP 06454-040 BR
2) Change	VP	MIRIAM P LEMOS	ALAMEDA MAMORE, 911
Add			BARUERI, SP 06454-040 BR
Remove 3) Change	P	Brickell Investments Finance Limited	TRIDENT CHAMBERS
XAdd		Finance Limited	P.O. BOX 146, ROAD TOWN
Remove			TORTOLA, BVI
4) Change			
Add Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) ad	loption:		, if other than t
date this document was signed. Effective date if applicable:		FILE SETER FARY DIVISION OF GO	ED OF STATE ORTUBATORE
Effective date it applicable.	(no more than 90 days after amendment file date)	15 AUG	PH 4: 04
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, partment of State's records.	, this date will no	ot be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amen	ndment(s)	
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment		
"The number of votes cast	for the amendment(s) was/were sufficient for approval		
by	(voting group)		
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and sha	areholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	older	
Dated	17/15		
Signature	pm m		
selected	irector, president or other officer – if directors or officers have not, by an incorporator – if in the hands of a receiver, trustee, or othed fiduciary by that fiduciary)		
	RAFAEL DE ARAUJO, ESQ		
	(Typed or printed name of person signing)		
	ATTORNEY IN FACT		
	(Title of person signing)		