

P110000088111

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : THE EXECUTIVE LAW FIRM
Account Number : I20110000039
Phone : (954) 362-3627
Fax Number : (305) 437-7673

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
FIVE CAPITAL MANAGEMENT, INC**

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[Handwritten Signature]

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Corporate Filing Menu

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11/7/2011



November 7, 2011

FLORIDA DEPARTMENT OF STATE
Division of CorporationsFIVE CAPITAL MANAGEMENT, INC
1170 A EAST HALLANDALE BEACH BLVD
A
HALLANDALE BEACH, FL 33009USSUBJECT: FIVE CAPITAL MANAGEMENT, INC
REF: P11000088111

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.

ACCORDING TO (PAGE 2 OF 4) OF THE AMENDMENT THE ONLY PERSON THAT WILL STAY AS AN OFFICER OR DIRECTOR WILL BE CARLOS EDUARDO AS VP/S. IF THIS IS NOT CORRECT, PLEASE LIST ALL OFFICERS AND DIRECTORS THAT YOU WOULD LIKE TO APPEAR ON OUR DATA BASE ONCE YOUR AMENDMENT HAS BEEN FILED. ACCORDING TO THE INSTRUCTIONS GIVEN AT THE TOP OF THIS PAGE 2 OF 4, IT STATES THAT ALL OFFICERS/DIRECTORS OF THE CORPORATION AS YOU NOW WANT THE RECORD TO BE, MUST BE LISTED.

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) 245-6906.

Darlene Connell
Regulatory Specialist IIFAX Aud. #: H11000265022
Letter Number: 511A00025274RECEIVED
11 NOV 14 AM 8:03
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FIVE CAPITAL MANAGEMENT, INC

DOCUMENT NUMBER: P11000088111

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

Please return all correspondence concerning this matter to the following:

DIANA PINTO

Name of Contact Person

PREMIER RISING, INC

Firm/ Company

800 NE 195TH ST. SUITE 211

Address

MIAMI, FL 33179

City/ State and Zip Code

INFO@THEEXECUTIVELAWFIRM.COM

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

For further information concerning this matter, please call:

DIANA PINTO

Name of Contact Person

at (954) 362-3627

Area Code & Daytime Telephone Number

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

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FILED
20 NOV 14 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FIVE CAPITAL MANAGEMENT, INC

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

P11000088111

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new 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:

New Registered Office Address:

(Florida street address)

_____, Florida
(City) (Zip Code)

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

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If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.
 (Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) P	VECTORIAL CORRETORA DE SEGUROS LTDA	RUA DA ASSEMBLEIA, 77, 17 ANDAR RIO DE JANEIRO, RJ 20011-001 BR
2) VP, S	LIMA, CARLOS EDUARDO	RUA SACOPA, 852, APT. 104 LAGOA, RJ 22471-180 BR
3) D	MAGALHAES, CAROLINA	RUA SACOPA, 852, APT. 104 LAGOA, RJ 22471-180 BR
4) D	MAGALHAES, EDUARDO	RUA SACOPA, 852, APT. 104 LAGOA, RJ 22471-180 BR
5)		
6)		

If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1) S	DIANA PINTO	4)	
2)		5)	
3)		6)	

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E. If amending or adding additional Articles, enter change(s) here

(attach additional sheets, if necessary). (Be specific)

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

(if not applicable, indicate N/A)

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The date of each amendment(s) adoption: 11/7/2011

Effective date if applicable: 11/7/2011 (date of adoption - required)
(no more than 90 days after amendment file date)

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.

Dated

11/7/11

Signature

Carlos Eduardo Lima

(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 fiduciary by that fiduciary)

Carlos Eduardo Lima

(Typed or printed name of person signing)

Vice President & Secretary

(Title of person signing)

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