Division of Corporati

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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 : BARBOSA LAW OFFICE

Account Number : I20110000049 Phone

(305) 421-6339

Fax Number

(305) 359-9543

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$43.75

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section Division of Corpor				
NAME OF CORPORA	ATION: FIVE CAPI	TAL MANAGEN	IENT, INC	
DOCUMENT NUMBI	ER. P1100008811	1		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
_	Ju	illo C. Barbosa		
_		Name of Contact Person	1	
	Bar	bosa Law Office)	
_		Firm/ Company	······································	
_	2000 Por	nce De Leon Blv	d., Suite 625	
_	_	Address		
	Cora	il Gables, FL 33	134	
_		City/ State and Zip Code		
	ibarbo	osa@barbosaleg	ial.com	
		sed for future annual report		
For further information	concerning this matter, pleas	se cail:		
	Barbosa	at (305	421-6339	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made p	payable to the Florida Depa	riment 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)	
	ng Address		Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
	Box 6327		Building	
Tallah	nassee, FL 32314	2661 E	xecutive Center Circle	

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	·		Pos.		
	Articles of Am	endment	, J * _	<u>ئ</u>	
	to Articles of Inco	rporation	4 FI	i iii	
FIVE CAPITAL MANAG	EMENT. INC		And the second s	1. E	
	currently filed with the Flo	rida Dept. of State)			
P11000088111				: "0	
(Docume)	nt Number of Corporation (if	mown)	54	: 10	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Profit Corporation s	idopts the following an	nendme	
A. If amending name, onter the new na N/A	ame of the corporation;		Th	ia maui	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	uttion "Corp," "Inc," or "C	o". A professional corpor	orated" or the abbre	eviation	
B. Enter new principal office address, if applicable:		2000 Ponce De	Leon Blvd.,		
Principal office address <u>MUST BE A S</u>	ress MUST BE A STREET ADDRESS) Suite 617				
		Coral Gables, F	L 33134		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		2000 Ponce De	Leon Blvd.,		
		Suite 617			
		Coral Gables, F	L 33134		
D. If amending the registered agent an new registered agent and/or the new	dor registered office address;	s in Florida, enter the na	ne of the		
Name of New Registered Agent	Julio C. Barbosa				
	2000 Ponce De Leo	on Blvd., Sulte 625	•		
	(Florida stres	,	-		
New Registered Office Address:	Coral Gables	, Plorida	33134		
	(City)		(Zip Code)		
New Registered Agent's Signature, if ci hereby accept the appointment as regist		h and accept the obligation	is of the position.		
Sig	gnature of New Redistered Ag	0228373	ව්		

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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	1 Dos	
X Remove	Y Mik	e Jones	
_X Add	SV Sali	v Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	<u>P</u>	Vectorial Corretors De Seguros Ltda	Rua Da Assembleia,
Add			77, 17 Andar
X Remove		•	Rio da Janeiro-RJ, BR. 20011-001
2) Change	<u>s</u>	Diana Pinto	800 NE 195th Street
Add			Miami, FL 33179
X Remove	DP	Carlos Eduardo Lima	Rua Sacopa, 852, Apt. 104
3) Change		Carlos Eduardo Entra	<u> </u>
Add		,	Lagoa, RJ. 22471-180 BR
4) Change	<u>s</u>	Carolina Magalhaes	Rua Sacope, 852, Apt 104
X_Add			Lagoa RJ. 22471-180 BR
Remove			
5) Change	<u>T</u>	Eduardo Magalhaes	Rua Sacopa, 852, Apt 104
X_Add			Lagoa RJ. 22471-180 BR
Remove			
6) Change			
Add			
Remove			

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	ditional sheets, j	f necessary).	(Be specific)				
N/A		<u> </u>					
			<u> </u>		·		
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		<u> </u>					
F. <u>If an ame</u> r	ndment provid	es for an excha	nge, reclassific	ation, or can	cellation of issu	red shares.	
provision (if no	ndment providens for implement of applicable, in	ting the amend dicate N/A)	detent if not co	ntained in th	<u>e amendment i</u>	tseii:	•
N/A		,					
						<u> </u>	
		· · · · · · · · · · · · · · · · · · ·		 ;-			
					· <u> </u>	- <u>-</u> -	
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							. <u>.</u>
							-

	H12000,7783	5 3
The dute of each amendment(s) ad	iopelon: 09/11/2012	
Lifective date if applicable:	(no more than 90 days after amendment	
	(но ноге так усладу сугет ответотори	New Course
Adoption of Amendment(s)	(CFIRCK ONE)	
The amendment(s) was/were ado by the shareholders was/were au	pted by the shareholders. The rumber of votes east fo Moient for approval.	er the amendment(s)
The amendment(s) was/were app must be separately provided for	roved by the electrolders through voting groups. The each voting group entitled to vote separately on the a) following etstement mondinent(s):
"The number of votes cast	for the smendment(a) was/were sufficient for approval	I
ъу	(veiling group)	'n
•	· (soting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder aut	ion and shareholder
The amendment(s) versivers ada action was not required.	pted by the incorporators without shareholder action a	and absreholder
Dated 9	1/1/2012	
Signature	IMMANITUTE .	
satocies	rector, president or biher officer — if directors or offic i, by an innorporator — if in the hands of a receiver, tru ed Educiary by that fiduciary)	
	Andrea Moura Neves de Castro	,
,	(Typed or printed name of person signing)	
	President	
•	(THIs of person signise)	

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