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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BROKERAGE A	LTERNATIVES INC		
DOCUMENT NUMBER: P12000063292			
The enclosed Articles of Amendment and fee are s	ubmitted for filing.		
Please return all correspondence concerning this m	atter to the following:		
MASSIMO MASSARO			
	Name of Contact Perso	n	
BRÖKERAGE ALTERNA	TIVES INC		
	Firm/ Company		
2836 SW PORT ST. LUCIE	• •		
	Address		
PORT ST. LUCIE. FL 3495			
	City/ State and Zip Cod	e	
UNISANDRA@LIVE.COM			
E-mail address: (to be u	ised for future annual report	notification)	
For further information concerning this matter, plea	ase call:		
SANDRA ECHEVERRY	at (
Name of Contact Person	at (954) 914-0483 Area Code & Daytime Telephone N		
Enclosed is a check for the following amount made	pavable to the Florida Depa	artment of State:	
· ·			
■ \$35 Filing Fee	□\$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	Street Address Amendment Section Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BROKERAGE ALTERNATIVES INC

(Name of Corporation as currently	filed with the Florida Dept. of State	<u>e</u>)	***
P12000063292			
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the	following ar	mendment(s) t
A. If amending name, enter the new name of the corporation:			
		T).	he new
name must be distinguishable and contain the word "corporation," (Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coward "chartered," "professional association," or the abbreviation "I	'o". A professional corporation nam	or the abbr	eviation
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			
	<u> </u>		
	-	- C - C	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			5 27 - 11
(mutaing dutiess <u>BIAT DL AT OST OF FICE BOX</u>)			= -
			5
		<u></u>	
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the		
new registered agent and/or the new registered office address:	or meriding criter tile many or the	##	<u>പ</u> വ
Name of New Registered Agent		2-	·
(Florida stree	et address)		
New Registered Office Address:	. Florida		
	City)	(Zip Code	e)
Name Design Language and Associated the Control of			
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the p	osition.	
	, , , , , , , , , , , , , , , , , , , ,		
Simulation of Vine Do	gistered Agent, if changing		
Signature of New Re	дыстев муст, у спануну		

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> 197</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change	V	SANDRA ECHEVERRY	2836 SW PORT ST. LUCIE
X Add			BLVD. SUITE B
Remove			PORT ST. LUCIE, FL 34953
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

Attach additional sheets, if	litional Articles, ent necessary). (Be spo	ecific)			
<u> </u>					- -
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		*****			<u> </u>
					
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		i.,, ==	,		
f an amendment provides	for an exchange, re	classification, or o	cancellation of issi	ied shares.	
provisions for implementi (if not applicable, indi	ing the amendment i	if not contained in	the amendment i	tself:	
у на аррасате, та	cene (WAL)				
		 		<u> </u>	· -
· · · · · · · · · · · · · · · · · · ·			-		

The date of each amendment(s) ac date this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :		
<u></u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will partment of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement 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)	
	(voting group)	
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 11-0		
selecte	irector president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court and fiduciary by that fiduciary)	
	MASSIMO MASSARO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	