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(Ac	idress)		
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(Ci	ty/State/Zip/Phone	#)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: INVESTA DOCUMENT NUMBER: P120000762		INC
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Maria De Fatim	na De Assuncao	
	Name of Contact Person	
INVESTMENTS	S C AND C, INC	
	Firm/ Company	
13574 Village F	Park Dr. suite 135	
	Address	
Orlando, Fl 328	337	
	City/ State and Zip Code	
SUSTAXES@GMA		
	e used for future annual report	notification)
For further information concerning this matter, p  Maria De Fatima De Assunci		<u>3637704</u>
Name of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Statu.	_	■\$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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of

|--|

INVESTMENTS C AND C, INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P12000076205	
(Document Number of Corporation (if known)	<del></del>
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the foits Articles of Incorporation:	llowing amendment(s) to
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 "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name word "chartered," "professional association," or the abbreviation "P.A."	the abbreviation
B. Enter new principal office address, if applicable:	<u> </u>
(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)	
	<del>   </del>
	<b>&amp;</b>
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	<i>∙</i> <b>₽</b>
new registered agent and/or the new registered office address:	
Name of New Registered Agent Maria De Fatima De Assuncao	
13574 Village Park Dr, suite 135	
(Florida street address)	
New Registered Office Address: Orlando , Florida 32837	
(City) , Florida (Zip Co	ide)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agant. I am familiar with and accept the obligations of the pos	sition.
Signature of New Registered Agent, if changing	
, / · · · · · · · · · · · · · · · · · ·	

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	VP	CEILA D MORALES	13574 Village Park Dr
Add			suite 135
Remove			Orlando, FI 32837
2) Change	VP	Maria De F De Assuncao	13574 Village Park Dr
Add			suite 135
Remove			Orlando, FI 32837
3) Change			
Add			
Remove			
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)
/A	
	<del></del>
•	
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
*****	

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)	_
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.	
Dated10 /24 /2014	
Signature Wayant Struct	
(By a director president or other officer - if directors or officers have not been	
selected, by an inc <del>orporator ≥ i∫ in the hands of a re</del> ceiver, trustee, or other court appointed fiduciary by that fiduciary)	
A G	
Maria de Faterra De Assurção	
(Typed or printed name of person signing)	<del></del>
Vice President.	
(Title of person signing)	