## P12000096227

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OCT 23 2013 T. CARTER

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: BRASFIT INC.				
DOCUMENT NUMBER: P1200096227				
The enclosed Articles of Amendment and fee are submitted	for filing.			
Please return all correspondence concerning this matter to the	ne tollowing:			
JANE MAIA				
(Nan	e of Contact Person)			
DUVEKOT CORPORATION				
(	Firm/ Company)			
200 S. ANDREWS AVE , #	101			
	(Address)			
FORT LANDERDALE, FL 3330	2			
/ (City	State and Zip Code)			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:	,			
JANE MAIA (Name of Contact Person)	at ( 305 ) 716 -9775 (Area Code & Daytime Telephone Number)			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
(Ac	3.75 Filing Fee & S52.50 Filing Fee tified Copy Certificate of Status dditional copy is Certified Copy (Additional Copy is Enclosed)			
Mailing Address	Street Address			
Amendment Section	Amendment Section			
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



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BRASFIT INC.	······································	
(Name of Corporation as currently file	ed with the Florida Dept, of State	<u>:</u> )
P1200096227		
(Documen	nt Number of Corporation (if known	1)
Pursuant to the provisions of section 617,1006, mendment(s) to its Articles of Incorporation:	, Florida Statutes, this <i>Florida Not</i>	For Profit Corporation adopts the follow
A. If amending name, enter the new name of	f the corporation:	
		The
name must be distinguishable and contain the 'Company" or "Co." may not be used in the i		ited" or the abbreviation "Corp" or "Ir
B. Enter new principal office address, if app Principal office address MUST BE A STREE		
That part of the market services and the services are services and the services are services as the services are services are services as the services are service		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
D. If amending the registered agent and/or		da, enter the name of the
new registered agent and/or the new reg	istered office address:	
Name of New Registered Agent.		
New Registered Office Address:	(Florida street address)	
new Registeren Office Intiness.		
	(City)	, Florida (Zip Code)
	(Ciù)	(z.ip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	ing Registered Agent:	ant the obligations of the position
петету ассері те арропитені ах гедімитеа	адет і ат заттағ жин апа асс	epi ine oonganons oj ine position.
	gnature of New Registered Agent, i	Calamaina
Ni.	енини е ој меж кезімеген адет, і	) changing

Page 1 of 4

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 X_Remove X_Add	PT John Doe  V Mike Jones  SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change Add Remove	D,S,T MAURO VIANO	NA SAMPAIO 671 NW 4TH AVE  SUITE C26  FORT LAUDERDALE, FL 33311
2) Change Add Remove	D,T JORGE LUIZ DRU DE GODOY.	MMOND 671 NW 4TH AVE. SUITE CZG FORT LAUDERDALE FL 333 11
3 ) Change Add Remove	S ADRIANA BOEIR ANDERSSON	SUITE C26 FORT LAUDERDALE, FL 33311
4) Change Add Remove		
5) Change Add Remove		· · · · · · · · · · · · · · · · · · ·
6) Change Add Remove		

ultach additional sheets, if necessary).	(Be specific)
	11 11 11 11 11 11 11 11 11 11 11 11 11
	-

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s).	
There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
Dated 10(0	8/2013	
(By the chair have not bee	makes vice character of the board, president or other officer-if directors or selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	_
JORGE L	UIZ DRUMOND DE GODOY (Typed or printed name of person signing)	
PRESIDEN	K	
	(Title of person signing)	