P13000039567

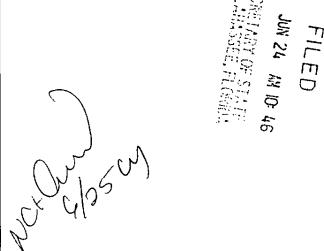
| (Re | questor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| : | | |
| | | |
| | | |

Office Use Only



800249108898

06/24/13--01005--022 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORI | PORATION: | MARJAQ CORPORATI | ON |
|-------------------------|--|---|---|
| DOCUMENT NUMBER: | | P13000039568 | |
| The enclosed Artic | cles of Amendment and fee | e are submitted for filing. | |
| Please return all co | orrespondence concerning | this matter to the following: | |
| | | MARLON GEROLIN | |
| | | Name of Contact Person | |
| | MA | RJAQ CORPORATION | |
| | | Firm/ Company | |
| 1 | 21218 \$ | ST. ANDREWS BLVD #728 | |
| : | | Address | |
| | ВС | OCA RATON FL 33433 | |
| | | City/ State and Zip Code | |
| | MARLONGE E-mail address: (to be a | EROLIN@HOTMAIL.COM used for future annual report notification) | <u> </u> |
| For further information | ation concerning this matte | er, please call: | |
| MA | RLON GEROLIN | at (<u>407</u>) 7 | |
| Name | of Contact Person | Area Code & Daytime Te | lephone Number |
| Enclosed is a chec | k for the following amount | made payable to the Florida Depar | tment of State: |
| ☑ \$35 Filing Fee | \$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| P.O. Box 6 | nt Section Corporations | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ | le |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation \mathbf{of}

MARJAQ CORPORATION

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

P13000039568

(Document Number of Corporation (if known)

| | f the corporation: | |
|---|--|------------------------------------|
| | CORPORATION | The n |
| name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro | e designation "Corp," "Inc. | " or "Co". A professional corposit |
| B. Enter new principal office address, if app | | 2 |
| Principal office address <u>MUST BE A STREE</u> | <u></u> | 24 MI 10: 1 |
| C. Enter new mailing address, if applicable | s <u>.</u> | 54.00 |
| | | |
| (Mailing address <u>MAY BE A POST OFFI</u> | (CE BOX) | |
| | registered office address in | Florida, enter the name of the |
| D. If amending the registered agent and/or | registered office address in | Florida, enter the name of the |
| D. If amending the registered agent and/or new registered agent and/or the new regi | registered office address in | Florida, enter the name of the |
| D. If amending the registered agent and/or new registered agent and/or the new regi | registered office address in | |
| D. If amending the registered agent and/or new registered agent and/or the new region Name of New Registered Agent: | registered office address in istered office address: | ddress), Florida |
| D. If amending the registered agent and/or new registered agent and/or the new region Name of New Registered Agent: | registered office address in istered office address: | ldress) |

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)

| Title | Name | <u>Address</u> | Type of Action |
|-------------------------|--|---|-------------------|
| DIR | CDB11 A. B. P. LTDA | R: Max Brandt n. 375. R Jardins, Sao jose do rio preto SP Brazil 15.061-746 | ☑ Add □ Remove |
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | g or adding additional Articles, enter c tional sheets, if necessary). (Be specific | | |
| | | | |
| | | | |
| | | | |
| F. If an amei | ndment provides for an exchange, recla | assification, or cancellation of iss | ued shares, |
| provisions (if not o | for implementing the amendment if napplicable, indicate N/A) | ot contained in the amendment i | tself: |
| | | | |
| | | | |
| | | | |

| The date of each amendment(s) adoption: 06/19/2013 | | |
|---|---|--|
| Effective date if applicable: | (date of adoption is required) | |
| Enecuve date in applicable. | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/wer by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval. | |
| | e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes of | east for the amendment(s) was/were sufficient for approval | |
| by | | |
| | (voting group) | |
| action was not required. | e adopted by the board of directors without shareholder action and shareholder e adopted by the incorporators without shareholder action and shareholder | |
| Dated_06/19 | 9/2013 | |
| Signature X | 9.4. | |
| (By selec | a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary) | |
| | MARLON GEROLIN | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |