21300047321

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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: BRAZUSA AUTO STORE, INC DOCUMENT NUMBER: P13000047321			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
LECIO LOPES MAMEDES			
Name of Contact Person			
BRAZUSA AUTO STORE, INC			
Firm/ Company			
1800 S. CONGRESS AVENUE			
Address			
PALM SPRINGS FL 33406			
City/ State and Zip Code			
SALES@BRAZUSAAUTO.COM			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
LECIO LOPES MAMEDES Name of Contact Person at (561) 429-4241 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:			
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle			

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to -

Articles of Incorporation

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

ent(s) to

P13000047321		· ,,	
(Documer	nt Number of Corporation (if kno	own)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Flor</i>	ida Profit Corporation a	dopts the following amendme
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con. "Corp.," "Inc.," or Co.," or the design word "chartered" "professional associa	ation "Corp." "Inc." or "Co"	. A professional corpor	orated" or the abbreviation
B. Enter new principal office address,	if applicable:		
(Principal office address MUST BE A S			
	_		
	_		
C. Enter new mailing address, if appli			
(Mailing address <u>MAY BE A POST</u>)	OFFICE BOX)		
	_		
IS 16			6.4
D. If amending the registered agent an new registered agent and/or the new		in Florida, enter the na	me of the
Name of New Registered Agent	LECIO LOPES MA	MEDES	
Name of New Registered Agent	1800 S. CONGRE	SS AVENUE	_
	(Florida street a		-
	PALM SPRINGS		33406
New Registered Office Address;	(City)	, Florida	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		and assent the obligation	ne of the position
Thereby accept the appointment as regist	h les laut-	and accept the congainst	ns of the position.
	angilyre of Wew Registered Ages	 nt_if 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	<u>PT</u> <u>Johr</u>	n Doe	
X Remove	<u>y</u> <u>Mik</u>	e Jones	
X Add	SV Sali	y Smith	
Type of Action (Check One)	Title	Name	Address
)) X Change	PRES	LECIO, LOPES MAMENDES	1245 CANYON WAY
Add			WELLINGTON, FL 33414
Remove			
2) Change	PRES	DANIEL C OLIVEIRA	1770 MISSION CT #3
Add			WEST PALM BEACH, FL 33401
X Remove			
3) Change	CLERK	KELLY OLIVEIRA	1770 MISSION CT #3
Add			WEST PALM BEACH, FL 33401
X Remove			
4) Change			
Add			
Remove			Marian Marian
5) Change			
Add			
Remove			
6) Change	<u>-</u>		
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
N/A	(ve operation)
	/
100-100-100-100-100-100-100-100-100-100	
	
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F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) adoption:
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)
(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.
Dated 11/03/14
Signature Signature
(By a director, president or other officer if directors or officers have not been
selected, by an incorporator - if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
LECIO LOPES MAMEDES
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)