P130000 51168

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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>COSTA CAFER MOVE INC</u>
DOCUMENT NUMBER: P130000 51168
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARIA COSTA Name of Contact Person
COSTA CO FER MORE INC
2756 SW Brigantine Place
POFT ST. Jucie FL 34953 City/ State and Zip Code
COSTACO 1e more 16 gmoul, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
maria costa a 954,8265115
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:
■ \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

Costa carel more	Inc
(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
P130000 51168	
(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following 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," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.,	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word 4."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2756 SW BriGANTINE PLACE PORT ST. LUCIE FL 34953
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addresses	
Name of New Registered Agent	
(Florida New Registered Office Address:	street address)
New negistered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ent: ar with and accept the obligations of the position.
Signature of New	v 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.

Mike Jones, V as Remov Example:	e, and Sa	dly Smith, SV as an Add.	
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>	Name	<u>Addres</u> s
1) Change	<u></u>	Beatriz Hernandes ceballo	353 SE Greenway Tenace
Add		- Cearm	Port ST Lucie, 34983
Remove			
2) Change	<u>19</u>	maria do carmo costa	1719 Hammock Blod
X Add			Coborut Over FL 33063
Remove 3) Change		· · · · · · · · · · · · · · · · · · ·	SECRETION OF THE PROPERTY OF T
Add			
Remove		·	
4) Change			
Add		•	<u> </u>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
·		Page 2 of 4	

E,	If amending o	or adding	additional	Articles,	enter	change(s)	<u>here</u> :
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(Attach additional sheets, if necessary). (Be specific)

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	CARY OF STATE	PH 4: 18	
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			-
Page 3 of 4			
·			
The date of each amendment(s) adoption:		_, if other	r than the
Effective date if applicable:			

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adop by the shareholders was/were suff	sted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.		
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):		
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval		
by	"		
	(voting group)		
▼ The amendment(s) was/were adop action was not required.	sted by the board of directors without shareholder action and shareholder		
☐ The amendment(s) was/were adop action was not required.	sted by the incorporators without shareholder action and shareholder		
Dated 12/03	12019		
Signature			
selected.	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diffiduciary by that fiduciary)	2019 DEI	calei
_	EDSON NA COSIA PI	EC -	
_	(Typed or printed name of person signing)	9	l'ages
	DRESIDENT ES	PH (
(7)	Title of person signing)	=	_