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AUG 1 8 2016 C LEWIS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: BARRA MAN	ISA GENERAL SERVICES, CORP.				
DOCUMENT NUMBER: P13000054282					
The enclosed Articles of Amendment and fee ar	e submitted for filing.				
Please return all correspondence concerning this	matter to the following:				
ANDREA B. PINTO					
<del> </del>	Name of Contact Person				
BARRA MANSA GENE	BARRA MANSA GENERAL SERVICES, CORP.				
8560 EAGLE RUN DR	Firm/ Company				
	Address				
BOCA RATON, FL 334					
BOCK INTOK, I E 334.					
	City/ State and Zip Code				
PINTOFAMILY2011@HOTM	IAIL.COM				
E-mail address: (to b	be used for future annual report notification)				
For further information concerning this matter, p	please call:				
ANDREA B. PINTO	561 727-4877				
Name of Contact Person	at (at (				
. tame of domast i otton	. Hou code de Daytime Petephone Plantes				
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:				
\$35 Filing Fee					
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle				

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

BARRA MANSA GENERAL SERVICES, CORP.

2016 AUG -8 PM 3: 32

(Name of Corporation as cur	rently filed with the Florida Dept. of State)
P130	000054282
(Document Numb	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, ts Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation	<u>n:</u>
N/A	The new
	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
) Fatan and a simple of the state of the sta	N/A
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS )	<del></del>
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
<ol> <li>If amending the registered agent and/or registered office new registered agent and/or the new registered office ade</li> </ol>	
N/A	<del></del>
Name of New Registered Agent	
(Flori	ida street address)
•	
New Registered Office Address:	(City) , Florida (Zip Code)
	(Elp Colle)
lew Registered Agent's Signature, if changing Registered A	
hereby accept the appointment as registered agent. I am fami	iliar with and accept the obligations of the position.
Signature of A	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.

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>	Address
1) X Change	v	CLAITON N PINTO	8560 EAGLE RUN DR
Add			BOCA RATON, FL 33434
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			<del>.</del>
5) Change		_	
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

E. <u>If ame</u> (Attach	nding or adding additional Art additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
N/A	, <b>, , , , , , , , , , , , , , , , , , </b>	(so apolyto)	
	· ···· · · · · · · · · · · · · · · · ·		
			****
			•
F. <u>Ifan a</u>	mendment provides for an excl	ange, reclassification, or cancellation of issu	ed shares.
provi	sions for implementing the ame if not applicable, indicate N/A)	ndment if not contained in the amendment i	tself:
N/A	у погиррисиоле, тиксиле тл)		
		·	

The date of each amendment(s) ad	option:	r lif other than the
date this document was signed.		SECRETARY OF STATE DIVISION OF CORPORATION
Effective date if applicable:		
	(no more than 90 days after amendment file date)	2016 AUG -8 PM 3: 32
Note: If the date inserted in this bidocument's effective date on the De	ock does not meet the applicable statutory filing requirements, to partment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ador by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amend ficient for approval.	ment(s)
	roved by the shareholders through voting groups. The following seach 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	y	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shar	eholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and sharehold	der
Dated 08-	02-16	
Signature S	02-16 Lee Blat	
(By a di selected	rector, president or other officer – if directors or officers have not l, by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)	
	ANDREA B. PINTO	
	(Typed or printed name of person signing)	<del>-</del>
	PRESIDENT	
	(Title of person signing)	