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AUG 11 2017 S. YOUNG



COVER LETTER

NAME OF CORPORATION: RISE CONSULTING Group COrp			
DOCUMENT NUMBER: <u>P13000087525</u>			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Maria T. Azertalo Name of Contact Person			
RISE CONSULTING Group COrp			
9300 NW 255t Ste 109 Address			
Doval			
City/ State and Zip Code			
† EVETA ZEVE do @ O Mail (igm E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Maria T. Azeredo al 305, 502 1447			
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) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)			

Mailing Address
Amendment Section

TO: Amendment Section

Division of Corporations

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

Rise Consulting	9 Gravo Corp		
(Name of Corporation as curn	ontly filed with the Florida Dept. of State)	
P13600087525			
(Document Number	er of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, t ts Articles of Incorporation:	his Florida Profit Corporation adopts the fo	ollowing amendmen	nt(s) to
A. If amending name, enter the new name of the corporation	<u>:</u>		
	NIA	The new	
name must be distinguishable and contain the word "corpore" (Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," overd "chartered," "professional association," or the abbreviation	or "Co". A professional corporation name	the abbreviation must contain the	
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	NIA		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA		
D. If amending the registered agent and/or registered office a	address in Florida, enter the name of the		; '}
new registered agent and/or the new registered office add		÷	
Name of New Registered Agent	NIA	7. co	
(Florid	a street address)	<u> </u>	
New Registered Office Address:	, Florida		
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agenteeby accept the appointment as registered agent. I am familia	ent: iar with and accept the obligations of the po \times \times \text{A} we Registered Agent, if changing		
Signature of Ne	ew 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> <u>Joh</u>	n Doc	
X Remove	<u>V</u> <u>Mil</u>	ce Jones	
_X Add	<u>SV</u> <u>Sall</u>	ly Smi <u>th</u>	a C
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	UP	Maria T. Azeredo	9300 NW 755t
_X_Add			stc 109
Remove			Doral FL 33172
2) Change	<u>.</u>	. , ,	·.
Add			
Remove			
3) Change			
Add			
Remove		, 1	
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
) Change			
Add			
Remove			

E. If amending or additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
On the meetingheid on August 2, 2017, Tose Augusto
On the meetingheid on August 2,2017. Tose Augusto Dasilva Ferreina shares 50% OF Stocks of
Risk consulting group loop with Maria F Azerido.
the following distribution as of Now 8/2/17.
Jose Augusto Duston Ferrira = 60% - 5000
Maria T. Azercolo 194 500
jose Augusto Do silva Ferreira 5/1/ = 5100
Haria T. Azereclo 491. = 4900
total gericat 100% total Actions 10000.
Goch shares are worth \$100 03 bollars
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)
<u>. </u>

The date of each amendment(s) adoption: _	_ 8/0	2117	, if other than the
date this document was signed.			
Effective date if applicable:	8/0211	7	
	(no more than 90 days aft	er amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department of		itory filing requirements, this	s date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)		
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		of votes east for the amendme	ent(s)
☐ The amendment(s) was/were approved by t must be separately provided for each votin		-	tement -
"The number of votes east for the am	endment(s) was/were sufficient	nt for approval	
by	oting group)	••••••••••••••••••••••••••••••••••••••	
(v	oting group)		
The amendment(s) was/were adopted by th action was not required.	e board of directors without s	hareholder action and shareh	older
☐ The amendment(s) was/were adopted by th action was not required.	e incorporators without sharel	holder action and shareholde	г
Dated OBIOZI	17 Ja Salva	FEREIRA.	
	sident or other officer - if dir		
	corporator – if in the hands of ry by that fiduciary)	a receiver, trustee, or other of	court
	OSG A DQ SILU (Typed or printed name of p		
	(1) per or printed issue of p	erson signing)	
	President		
	(Title of person	signing)	