# P13000093445

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SECRETARIOS FILOSOM

C. CARROIT

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: OUTPER	FORMS BUSINESS CORPORATION				
DOCUMENT NUMBER: P13000093					
The enclosed Articles of Amendment and fee ar					
Please return all correspondence concerning this	s matter to the following:				
SIMONE OLIV	EIRA				
AMERICA EXF	Name of Contact Person PERT CORPORATION				
- · · · · · · · · · · · · · · · · · · ·	Firm/ Company				
407 NW 10th T					
<del></del>	Address				
HALLANDALE	HALLANDALE BEACH, FL, 33009				
	City/ State and Zip Code				
simone@americae	expert.com				
	be used for future annual report notification)				
For further information concerning this matter, p	please call:				
Simone Oliveira	at (305 ) 824-9100				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Statu					
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

14 JUN -9 PH 4: 12

### **OUTPERFORMS BUSINESS CORPORATION**

SECRETARIO DE TATE MALLAMASSEE, FLORIDA (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of 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.

Example: 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) Change	VP	PAULA PIERAMI	407 NW 10th TER STE A9
Add			HALLANDALE BEACH, FL
Remove			33009
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
	<del></del>
	·
<del></del>	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nament if not contained in the assentitute to the

The date of each amendment(s) adoption: US/U1/2U14	, if other than the
date this document was signed.	
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_05/01/2014	
Signature X	
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)	
Grabiel Grancalves Dias Moreno	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

SECNELASCIE NAME.