

10/3/23, 4:53 PM

P14 000065098

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000347914 3)))



H230003479143ABCO

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : BARBOSA LEGAL  
Account Number : I20110000049  
Phone : (305)501-4680  
Fax Number : (305)359-9543

2023 OCT -5 AM 10:25

FILED

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: renewals@barbosalegal.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
FORNO DE MINAS USA, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	06
Estimated Charge	\$43.75

2023 OCT -5 PM 2:00

Electronic Filing Menu

Corporate Filing Menu

Help

((H23000347914 3)))

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: FORNO DE MINAS USA, INC.  
DOCUMENT NUMBER: PI4000065098

The enclosed *Articles of Amendment* and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Edwin Cisneros
Name of Contact Person
BARBOSA LEGAL
Firm/ Company
407 LINCOLN ROAD PH-NE
Address
MIAMI BEACH, FL 33139
City/ State and Zip Code
renewals@barbosalegal.com
E-mail address: (to be used for future annual report notification)

FILED  
2023 OCT -5 AM 10:25  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Edwin Cisneros	at ( 305 ) 501-4680
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:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed) |
|--|--|--|--|

Mailing Address  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

((H23000347914 3)))

(((H23000347914 3)))

Articles of Amendment  
to  
Articles of Incorporation  
of

FORNO DE MINAS USA, INC.

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

P14000065098

(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:**

The 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:

(City)

Florida

(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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(((H23000347914 3)))

(((H23000347914 3)))

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:

☒ Change      PT      John Doe

☐ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>D</u>	<u>Helder Couto De Mendonca</u>	
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>D</u>	<u>Vicente Camiloti</u>	
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>D</u>	<u>Helio De Mendonca Nunes</u>	
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>D</u>	<u>Andre La Motta De Lucena Moreira</u>	<u>242 SW 12th Avenue</u>
<input checked="" type="checkbox"/> Add			<u>Deerfield Beach, FL 33442</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>DP</u>	<u>Rodrigo De Paula Ahreu</u>	<u>242 SW 12th Avenue</u>
<input checked="" type="checkbox"/> Add			<u>Deerfield Beach, FL 33442</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>D</u>	<u>Silvio Fernando Bueno Franco</u>	<u>242 SW 12th Avenue</u>
<input checked="" type="checkbox"/> Add			<u>Deerfield Beach, FL 33442</u>
<input type="checkbox"/> Remove			

2023 OCT -5 AM 10:25

FILED

(((H23000347914 3)))

Adding Rosana Nuncs as Secretary with address 242 SW 12th Avenue, Deerfield Beach, FL 33442

RECEIVED  
2023 OCT 15 AM 10:25  
U.S. AIR FORCE

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)

((H23000347914 3)))

(((H23000347914 3)))

The date of each amendment(s) adoption: July 18, 2023, if other than the date this document was signed.

Effective date if applicable: July 18, 2023  
*(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 adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ 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)*

Dated \_\_\_\_\_

Signature Rodrigo De Paula Abreu  
*(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)*

Rodrigo De Paula Abreu  
\_\_\_\_\_  
*(Typed or printed name of person signing)*

President  
\_\_\_\_\_  
*(Title of person signing)*

FILED  
2023 OCT -5 AM 10:25  
TALLAHASSEE, FL