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WZI DEC 20 PY: 2: 05

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ITAX GROUP, LLC
Account Number : I20140000115
Phone : (813)882-8426
Fax Number : (813)884-0263

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

Email Address: BRAZUCA PILAPECOD AMOUL CON

COR AMND/RESTATE/CORRECT OR O/D RESIGN BRAZUCA MARKET INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

TO: Amendment Section

Tallahassee, FL 32303

COVER LETTER

Division of Corp	porations			
NAME OF CORPO	RATION: BRAZUCA MA	ARKET INC		
DOCUMENT NUM	P14000066566			
		(m. d. & #15		
The enclosed Article.	s of Amendment and fee are su	omitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
		Name of Contact Person		
	BRAZUCA MARKET INC	, ,		
		Firm/ Company		
	4106 BEE RIDGE RD	•, •		
		Address		
	SARASOTA, FL 34233			
		City/ State and Zip Code		
	brazucapilape@gmail.com			
		sed for future annual report	notification)	
For further informati	on concerning this matter, plea	se call:		
ELIAS DOS SANTO	os	339	788-1286	
	of Contact Person	at (³³⁹ Area Co) de & Daytime Telephone Number	
		•	•	
Enclosed is a check t	for the following amount made	payable to the Florida Depi	artment of State;	
\$35 Filing Fee	S43.75 Filing Fee &	□\$43.75 Filing Fee &	S52.50 Filing Fee	
	Certificate of Status	Certified Copy	Certificate of Status	
		(Additional copy is	Certified Copy	
		enclosed)	(Additional Copy is enclosed)	
M	ailing Address	Street	Addross	
	mendment Section	Street Address Amendment Section		
Division of Corporations		Division of Corporations		
	O. Box 6327		entre of Tallahassee	
T	llahassee FL 32314	74157	N. Monroe Street, Suite 810	

Articles of Amendment to Articles of Incorporation of

LINALDE UL COEDATATION 94 CHEVONER				
P14000066566	y filed with the Florida Dept. of S	tate)		
(Document Number of	Corporation (if known)		~	
ursuant to the provisions of section 607.1006, Florida Statutes, this Its Articles of Incorporation:	Florida Profit Corporation adopts t	he following	g amendıı	ent(
. If amending name, enter the new name of the corporation:				
ama water ha distinguishable and a second at the second			_The ne	w
ame must be distinguishable and contain the word "corporation." "color," or Co.," or the designation "Corp." "Inc.," or "Co". A chartered " "professional association" " or the contained of the	ompany," or "incorporated" or the	abbreviatio	n "Corp.,	
chartered," "professional association," or the abbreviation "P.A."	projessional corporation name n	ust contain	t the wor	d
Enter new principal office address, if applicable:		ر. سا7۰.	96;	
Principal office address MUST BE A STREET ADDRESS)		<u>. ∵:-:</u> — ::::	 _	
		,	<u> </u>	(* .
		.	₩ 23	
Enter new mailing address, if applicable:		· · · · · ·		•
(Mailing address MAY BE A POST OFFICE BOX)		-	-: -	
		•••	<u></u>	*-
			<u>∵:</u> —	
If amending the registered agent and/or registered office addre	es in Florida anti-ul-			
The state of the s	33 th Fibrida, enter the name of th	<u>ne</u>		
new registered agent and/or the new registered office address:				
MEN register to agent and/or the new registered office address:				
Name of New Registered Agent		_		
Name of New Registered Agent				
Name of New Registered Agent (Florida stree	et address)			
Name of New Registered Agent (Florida street New Registered Office Address:	Florid,	a		
Name of New Registered Agent (Florida street New Registered Office Address:	•	a(Zip Co	de)	
Name of New Registered Agent (Florida street New Registered Office Address:	Florid,		de)	
Name of New Registered Agent (Florida stree New Registered Office Address: (Registered Agent) (Registered Agent's Signature, if changing Registered Agent)	City) , Florid	(Zip Co	de)	
Name of New Registered Agent (Florida stree New Registered Office Address: (C) We Registered Agent's Signature, if changing Registered Agent	City) , Florid	(Zip Co	de)	
Name of New Registered Agent (Florida stree New Registered Office Address: (Registered Agent's Signature, if changing Registered Agent)	City) , Florid	(Zip Co	de)	
Name of New Registered Agent (Florida stree New Registered Office Address: (C) W Registered Agent's Signature, if changing Registered Agent	City) , Florid	(Zip Co	· vde)	
Name of New Registered Agent (Florida street New Registered Office Address: (Compared Compared Comp	, Florid (ity) The and accept the obligations of the	(Zip Co	de)	
Name of New Registered Agent (Florida street New Registered Office Address: (Compared Compared Comp	City) , Florid	(Zip Co	· vde)	

Example:

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, Salty Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Salty Smith, SV as an Add.

A Change	<u>P1</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		T 35 707
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	SECRET TALL
1) Change				2
Add				<u> 2000 - 111</u>
Remove		ય		
2) Change				U
Add	•			
Remove 3) Change				
Add				
Remove				
4) Change	<u></u>			
Add		•	****	_
Remove				
5) Change				
Add				
Remove				
6) Change			·	
Add		•		~
Remove				

SINESS SHARES DISTRIBUTION:	
AS DOS SANTOS 95%	
VANIA S SANTOS 5%	
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	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
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	, , , , ,
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)	

The date of each amendment(s) adoption:	, if (other th	an the
date this document was signed.			
Effective date <u>If applicable</u> : (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 of document's effective date on the Department of State's records.	will not b	e listed	as the
Adoption of Amendment(s) (CHECK ONE)	• . •		
 □ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a 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	350RE :	₩ 2021 DEC 28 MH 9: 05	
DECEMBER 28TH, 2021 Dated (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) ELIAS DOS SANTOS (Typed or printed name of person signing) PRESIDENT (Title of person signing)			
(1title of betson signors)			