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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: BROTHER TEXT	TURE INC		
DOCUMENT NUM	IBER: P14000067689	·		
	s of Amendment and fee are su	abmitted for filing.		
Please return all corr	espondence concerning this ma	atter to the following:		
	ISAURA VASQUEZ GUER	RRA		
	··	Name of Contact Perso	<u> </u>	
	BROTHER TEXTURE INC			
		Firm/ Company		
	1068 S MILITARY TRAIL	APT 203		
		Address		
	DEERFIELD BEACH, FLO	RIDA 33442		
		City/ State and Zip Cod	e	
	ISASVASGUE1028@HOT?	MAIL.COM		
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	on concerning this matter, plea		, 939-9616	
Name of Contact Person		at (561) 939-9616 Area Code & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			<u>Address</u>	
	rendment Section	Amendment Section		
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations The Centre of Tallahassee		
		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dept. of State) P14000067689 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amend its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amend its Articles of Incorporation: The 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 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: See Registered Office Address: Florida	
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(Florida street address) New Registered Office Address:, Florida	
New Registered Office Address:, Florida	
New Registered Office Address:, Florida	
(A) (Dae)	=
New Registered Agent's Signature, if changing Registered Agent:	
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.	

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 Doc, 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	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	GUSTAVO A. SOZA	1068 S MILITARY TRAIL 203
Add X Remove	-, -		DEERFIELD BEACH, FL 33442
2) Change	<u>P</u>	ISAURA VASQUEZ GUERRA	1068 S MILITARY TRAIL. 203
X Add			DEERFIELD BEACH, FL 33442
Remove 3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	_		
Add			
Remove			
6)Change			
Add			
Remove			

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 NA)	<u>It amending</u> (Attach <i>addita</i>	or adding additional onal sheets, if necessar	Arucies, enter char ry). (Be specific)	ige(s) nere:			
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	(if not a	oplicable, indicate N/A)				
							
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
(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 document's effective date on the Department of State's records.	will not be 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 action was not required.	and shareholder
☐ 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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	u
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by 1	
by 1 (voting group)	
08/20/2020 Dated	
Signature Costavo A Soza	
(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 tiduciary by that fiduciary)	
GUSTAVO A. SOZA	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)