## P14DD0078315

(Ře	questor's Name)	
(Ad	dress)	
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(Ci	ty/State/Zip/Phone	a #1
(CI	Growner Holl	<i>₹ 17  </i>
PICK-UP	WAIT	MAIL MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SEGRETARY OF STATE
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CODDOD	ATION: SGG PP C	ORPORATION	
DOCUMENT NUMBI	P1400007831	5	
	f Amendment and fee are su		
Please return all corresp	ondence concerning this mat	tter to the following:	
ľ	MICHAEL K FISH	1	
<del>-</del>		Name of Contact Persor	1
Ī	MICHAEL K FISH	I CPA PA	
_		Firm/ Company	
	7700 N KENDAL	L DR SUITE 405	5
<del>-</del>	<u> </u>	Address	
i	MIAMI, FL 33156		
_		City/ State and Zip Code	
MIK	E@MKFISHCPA	COM	
		sed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
MICHAEL K FISH		at (305_	279-8484
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:
■ \$35 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)
Amer Divis	ng Address Idment Section Idment Sec	Amend Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation

SGG PP CORPORATION	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
P14000078315	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Corp "Gord" or the abbreviation "I word "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A
	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TO SEE T
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	et 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 w	ith and accept the obligations of the position.
. not con accept the appointment as registered agent. I am juntitut w	a.m. accept the congulation of the position.
Signature of New Registered 4	oent 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 <math>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 Do	<u>se</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	s	_	ANTONIO CARLOS DA SIL	444 BRICKELL AVE
Add				SUITE P15
Remove				MIAMI, FL 33131
2) Change				- · · · · · · · · · · · · · · · · · · ·
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				- N. 100 At -
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
N/A
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)
N/A
•

The date of each amendment(s) a	doption: <u>09/22/2014</u>	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) efficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated_06/29/2	016	
<del></del>	711//	
Signature	/ who the	
selecte	Hiector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	ZENO MARIO DA SILVA NETO	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	<del></del>