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R. WHITE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MAUVI P		INC
DOCUMENT NUMBER: P1500004	058	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	,
Please return all correspondence concerning this ma	tter to the following:	
JULIANA PIET	·A	
TAX CONTRO	Name of Contact Person	n ·
750 E SAMPLI		BAY 5
POMPANO BE		
JULIANAHPIETA	City/ State and Zip Cod GMAIL.COI sed for future annual report	М
For further information concerning this matter, pleas	se call:	
JULIANA PIETA	at (954	301-1848
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED 15 APR 13 AN 9:27

MAUVI PROPERTIES INC

SECRETAR FROM STATE TALLAHASSEE, FLORIDA

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

P15000004058	ai Çi.	
(Document Number of Co	ration (if known)	
Pursuant to the provisions of section 607.1006, Florida State Articles of Incorporation:	tes, this Florida Profit Corporation adopts t	the following amendment(s) to
A. If amending name, enter the new name of the corpo	tion:	
		The new
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," ' word "chartered," "professional association," or the abb	c," or "Co". A professional corporation i	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRE</u>		
		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		

D. If amending the registered agent and/or registered		<u>the</u>
new registered agent and/or the new registered offi		
Name of New Registered Agent		
	orida street address)	
New Registered Office Address:	, Florida	
	(City) (Z	Zip Code)
New Registered Agent's Signature, if changing Registe		

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>	<u>Addres</u> s
1) Change	D	CAROLINA D CORREA DA	COND RES JARDINS DO
Add		VEIGA	LAGO QUADRO 9 CASA 3
Remove			BRASILIA - DF 71680-614 BR
2) Change	D	GABRIELA D CORREA DA	COND RES JARDINS DO
Add		VEIGA	LAGO QUADRO 9 CASA 3
Remove			BRASILIA - DF 71680-614 BK
3) Change	D	ALICE D CORREA DA	COND RES JARDINS DO
Add		VEIGA	LAGO QUADRO 9 CASA 3
Remove			BRASILIA - DF 71680-614
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)
	·
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	adment a not continued in the universal experience
A. Maria A. Maria A. Maria	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
-		
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 a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated 03/31/	2015	
Signature W	Parico l Loudo Cor / Ver.	
(By a	director, president or other officer - it directors or officers have not been	_
	eted, by an incorporator – if in the hands of a receiver, trustee, or other court printed fiduciary by that fiduciary)	
арро	milited fiduciary by that fiduciary)	
	Mauricio de Figueiredo Correa da Veiga	
	(Typed or printed name of person signing)	-
	President	
	(Title of person signing)	<u> </u>