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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: LITTLE BRAZIL I	JSA CORPORATION		
DOCUMENT NUMBI	ER: P15000014759			
	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this mat	ter to the following:		
F	ERNANDO SILVA			
_		Name of Contact Persor		
S	KYTRUST ENTERPRISE,	LLC		
_	Firm/ Company			
1	23 NW 13TH ST #3047			
_		Address		
H	BOCA RATON, FL 33432			
-		City/ State and Zip Code	:	
FFRN	ANDO@SKYTRSTENTER:	PRISE COM		
	•	sed for future annual report	notification)	
		•	,	
For further information	concerning this matter, pleas	se call:		
FERNANDO SILVA		561	463-2557	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amer Divis P.O.	ing Address Indment Section Identification of Corporations Box 6327 Indexessee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301	

Articles of Amendment to **Articles of Incorporation**

/Name o	f Corporation as currently	filed with the Florida F	lent, of State)	
°15000014759	Corporation as currently	med with the Clorida 12	<u> </u>	
13000014739				
	(Document Number of	Corporation (if known)		
dursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, this <i>F</i>	lorida Profit Corporatio	n adopts the following a	mendment(s
. If amending name, enter the new na	me of the corporation:			
				he new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	Co". A professional corp		
3. Enter new principal office address, Principal office address <u>MUST BE A S</u>				
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>)				
				, , , , , , , , , , , , , , , , , , ,
				
 If amending the registered agent an new registered agent and/or the nev 			name of the	ن . د ن
Name of New Registered Agent	SANDRO JOSE DE CARV			
Mane by New Registred Agent	6984 COLLINS AVE	 ,		f.
	(Florida stre	et address)		<u></u>
V D 1 100 111	MIAMI BEACH		. Florida 33141	
New Registered Office Address:			. I torrua	

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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	MARCELO GUIMARAES	6984 COLLINS AVE
Add X Remove			MIAMI BEACH, FL 33141
2) X Change	Р	SANDRO JOSE DE CARVALHO	6984 COLLINS AVE
Add		-	MIAMI BEACH, FL 33141
Remove			
3) Change			,
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
-	
	
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provisions for implementing the amo	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
If an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
provisions for implementing the amo	change, reclassification, or cancellation of issued shares, lendment if not contained in the amendment itself:
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provisions for implementing the amo	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:

The date of each amendment(s) addate this document was signed.	option:	, if other than the
-		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date wi artment of State's records.	ll not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required.	nted by the board of directors without shareholder action and shareholder nted by the incorporators without shareholder action and shareholder	
09/20/2019 Dated	audin Slawenna	
(By a di selected	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	SANDRO JOSE DE CARVALHO	
	(Typed or printed name of person signing)	in P1
	D	
	(Title of person signing)	