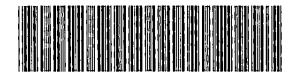
## P1500035505

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C. GOLDEN FEB 1 3 2018

## COVER LETTER

TO: Amendment Section Division of Corporations

	ODER ATIMO DV	STEMS CODD	•		
NAME OF CORPO	PATION: OPERATING SY				
DOCUMENT NUMI	BER: P15000035305	<del></del>			
The enclosed Articles	of Amendment and fee are su	ubmitted for filing.			
Please return all corre	pondence concerning this ma	atter to the following:			
	GILVAM F DOS SANTOS				
	<del></del>	Name of Contact Perso	n		
	GFS TAX & ACCOUNTING	G SERVICES			
		Firm/ Company	<del>** ** ** ** ** ** ** ** **</del>		
	2001 W CYPREȘS CREEK	RD STE 102B			
		Address			
	FT LAUDRDALE FL 33309	)			
		City/ State and Zip Cod	ic		
INFO	@GFSTAXACCT.COM				
	<u> </u>	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
GILVAM DOS SANT	ros	954	9408322		
	of Contact Person	at (	de & Daytime Telephone Number		
Enclosed is a check for	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 Amendment Section		Street Address Amendment Section			
Divi	sion of Corporations	Divisio	Division of Corporations		
	Box 6327 hassee, FL 32314	Clifton Building 2661 Executive Center Circle			
1 8 112	1140300, FL J2314	Tallahassee, FL 32301			

FILES

2018 FEB 12 PM 3: 03

## Articles of Amendment to Articles of Incorporation of

(Name of			
<del>-</del>	Corporation as current	ly filed with the Florida Dept. of State)	
15000035305			
	(Document Number of	of Corporation (if known)	
tursuant to the provisions of section 607.10 is Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s)	
. If amending name, enter the new nam	ne of the cornoration:		
		The new	
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designal word "chartered," "professional association	tion "Corp." "Inc," or "	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2001 W CYPRESS CREEK RD STE 102 B	
		FT LAUDERDLE FL 33309	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2001 W CYPRESS CREEK RD STE 102B	
		FT LAUDERDALE FL 33309	
·			
If amending the registered agent and new registered agent and/or the new	or registered office address	iress in Florida, enter the name of the	
o. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent	or registered office add registered office addres	dress in Florida, enter the name of the	
Name of New Registered Agent	or registered office address registered office address COOL W CYPRESS CREE	<u></u>	
Name of New Registered Agent	registered office addres	<u></u>	
Name of New Registered Agent	registered office addres	EK RD STE 102B	



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 fallowing manner. Currently John Dae 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.

X Change	<u> 51</u> 1	ohn Doc	
X Remove	У 2	Mike Jones	
_X Add	<u>sv</u> s	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	MARIA C DA SILVA COSTA	AVENIDA ANGELICA 2206
Add			CONSOLAÇÃO SP 01228-200 BF
X Remove			
2) Change			
Add			
Remove			<del></del>
3) Change	<del></del>	<del></del>	<del></del>
Add			
Remove			
4) Change		<del> </del>	
Add			
Remove			
5) Change			
Add	<del></del>		
Remove			
<del></del>			
5) Change			
Add			
Remove			



E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)	
NA	
	<u> </u>
	<del> </del>
	<del></del>
	<del></del>
	<del></del>
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)	
NA	
	<del> </del>
	<del></del>



The date of each amendment(s) ado date this document was signed.	ption:		, if other than the
Effective date if applicable:	•		
	(no more than 91	days after amendment file da	ite)
Note: If the date inserted in this blo document's effective date on the Depa	ck does not meet the application of State's records.	able statutory filing requireme	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adopt by the shareholders was/were sufficient		number of votes east for the a	mendment(s)
The amendment(s) was/were appro- must be separately provided for ea	ved by the shareholders through voting group entitled to v	ugh voting groups. The follow tota separately on the amenda	ving statement sent(s):
"The number of votes cast for	r the amendment(s) was/were	sufficient for approval	
by	(voting group)		
The amendment(s) was/were adopt action was not required.	ed by the board of directors v	vithout shareholder action and	sharcholder
The amendment(s) was/were adopt action was not required.	ed by the incorporators witho	out shareholder action and share	rcholder
JANUARY O	8, 2018	<del></del>	
Signature			
sciected, i		er - if directors or officers have hands of a receiver, trustee, o	
CI	RISTINA S PEREIRA	1 han	rs.
_	(Typed or printed na	ame of person signing)	7/\
PF	RESIDENT	V	1 tol
	(Title of	person signing)	