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(((H15000146642 3)))



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P&G BRICKELL BEVERAGE CORP

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## COVER LETTER

TO: Amendment Section Division of Corporations P&G BRICKELI. BEVERAGE CORP NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing, Please return all correspondence concerning this matter to the following: SIMONE PALMA Name of Contact Person CONEXOES USA LLC Firm/ Company **407 NW 10TH TER** Address HALLANDALE BEACH, FL 33009 City/ State and Zip Code ACCOUNTING@AMPRICAEXPERT.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 824-9100 Area Code & Daytime Telephone Number SIMONE PALMA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, I'L 32314 2661 Executive Center Circle

Tallahassae, FL 32301

**2**1003

## Articles of Amendment to Articles of Incorporation of

P&G BRICKELL BEVERAGE CORP		2
(Name of Corporation as current P15000041512	tly filed with the Florida Dept. of State)	E C
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following ame	tndm
A. If amending name, onter the new name of the cornorations		
	The	rie)
name must he distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must conta	iatio iin th
B. Enter new principal office address, if applicable:	407 NW 10TH TER	
(Principal office address MUST BE A STREET ADDRESS)	HALLANDALE BEACH, FL 33009	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	407 NW 10TH TER	
(IZANING SHAPE SHA	HALLANDALE BEACH, FL 33009	
D. If amending the revistered seent and/or registered office ad new registered seent and/or the new registered office addre	dress in Florida, enter the name of the	
Name of New Registered Agent	<u> </u>	
(C), dd-	ireel address)	
,	,	
New Registered Office Address:	(Clty) , Florida (Zip Code)	<del></del>
New Registered Agent's Signature, If changing Registered Agen	nt:	
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.	
Signature of New	Registered Agont, if changing	

## H150001466423

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.

X Change	PT	John Doc	
X Remove	Ā	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	<del></del>		
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
O Ch			
6) Change			
Add			
Remove			

Ø 005

Attach additional sheets, if necessary).	cles, enter change(s) he (Be specific)	<u></u>		
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			<u> </u>	
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	<u> </u>		<u> </u>	
	<del></del>			
f an amendment provides for an exc	ange, reclassification, o	or cancelistion of issu	ued shares.	
provisions for implementing the ame (if not applicable, Indicate N/A)	adment if not contained	d in the amendment	taelf:	
(V 1101 apprissions, manager 1111)	•			
		<del></del>		
	_			

## H150001466423

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	- <del></del>
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filling requirements, this date we document's effective date on the Department of State's records.	rill not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature	
(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 fiduciary by that fiduciary)	
JOEL DE SOUZA PRADO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of newor sizeing)	