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TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: BRUS HELP, INC	•		
DOCUMENT NUMBER: P15000064487			, t,	
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	DAVID W. SOUTHWELL			
		Name of Contact Person	n	
	TRUST ADVISORS CORPO	DRATION		
		Firm/ Company		
	5781-B NW 151 STREET	• •		
		Address		
	MIAMI LAKES, FL 33014			
		City/ State and Zip Cod	e	
A CITI	NTGTHIST A DVISORSCO	DD (24)\$4		
AGE!	NT@TRUSTADVISORSCO			
	is-mail address: (to be us	sed for future annual report	nonneauon)	
For further information	n concerning this matter, pleas	se call:		
DAVID W. SOUTHV	VELI.	at (822-8161	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	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 Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 E	Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

BRUS HELP, INC.			
(Name of Corporation as currer	ntly filed with the Florida Dept. of State)		
P15000064487	35		
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendme		
A. If amending name, enter the new name of the corporation:	The new		
name must be distinguishable and contain the word "corporat" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or vord "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	201 CRANDON BLVD		
Principal office address <u>MUST BE A STREET ADDRESS</u>)	142 TIDEMARK		
	KEY BISCAYNE, FL 33149		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	201 CRANDON BLVD		
	142 TIDEMARK		
	KEY BISCAYNE, FL 33149		
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre			
Name of New Registered Agent			
(Florida :	street address)		
New Registered Office Address:	(City) , Florida (Zip Code)		

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>	Address
1) Change	D	ISORE GUTIERREZ, FELIPE	2400 BRICKELL AVE #103
Add			MIAMI, FL 33129
X Remove			
2) Change	PD	Bernardes Isore, Carolina A.	2400 BRICKELL AVE #103
Add			MIAMI, FL 33129
X Remove			
3) Change	D	ISORE GUTIERREZ, FELIPE	201 CRANDON BLVD
X Add			142 TIDEMARK
Remove			KEY BISCAYNE, FL 33149
4) Change	PD	Bernardes Isore, Carolina A.	201 CRANDON BLVD
X Add			142 TIDEMARK
Remove			KEY BISCAYNE, FL 33149
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
		·
If an amendment provides for an exch	anga reclassification or cancella	tion of issued shares
provisions for implementing the ame	ndment if not contained in the am	endment itself:
		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)	3-14	
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

The date of each amendment(s) a	doption:	, it other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were ac action was not required.	opted by the board of directors without shareholder action and shareholder	
action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated Signature	1 Journe	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	DAVID W. SOUTHWELL	
	(Typed or printed name of person signing)	
	TREASURER	
	(Title of person signing)	