## P150000068055

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Certified Copies	_ Certificates	of Status	
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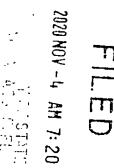
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## COVER LETTER

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**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION:	ATIONAL GROUP CORF	
DOCUMENT NUM	P15000068055 BER:		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	VICTORIA MORAES		
	ASSELFIS INTERNATIONA	Name of Contact Person ALLLC	1
	7901 KINGSPOINTE PARK	Firm/ Company WAY SUITE 10	
	ORLANDO FL 32819	Address	·
		City/ State and Zip Code	e
	VICTORIA@ASSELFIS.CO	M	
	E-mail address: (to be us	ed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
VICTORIA MORAE	ES	407 at (	826-1034
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	iling Address endment Section rision of Corporations b. Box 6327 lahassee, FL 32314	Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

BELVER INTERNATIONAL GROUP CORP

(Name of Corporation as curren	tly filed with the Florida Dept. of St	 ite)
P15000068055		<del></del> '
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this articles of Incorporation:	s Florida Profit Corporation adopts th	e following amendment(s) t
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name m	abbreviation "Corp.," ust contain the word
B. Enter new principal office address, if applicable:	2166 ORINOCO DRIVE 424	
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO FL 32837	
		7920 X
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2166 ORINOCO DRIVE 424	NOV -4
maning data too <u>man too to to</u>	ORLANDO FL 32837	
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address		: C)
(Florida s	treet address)	
New Registered Office Address:	Florid	
	(Ciţy)	(Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian		position.
Signature of New	Registered Agent, if changing	
··· · · ·		

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

<u>X</u> 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
l) Change			
Add			2020 NOV
Remove			
2) Change			1
Add			%; <u>} [T</u>
Remove 3) Change			7: 20
Add			
Remove			
4) Change		<del></del>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

AUGETHE ADDRESS	s, if necessary). (Be sp S: 2166 ORINOCO DRI	<i>ecific)</i> VE 424 - ORLANI	DO FL 32837			
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provisions for implement	des for an exchange, re enting the amendment	classification, or c if not contained in	ancellation of issi the amendment	ued shares, itself:		
(if not applicable, it	ndicate N/A)			1104111		
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	08/28/2020 ,	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90) days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this department of State's records.	late will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without shareholder act	ion and shareholder
The amendment(s) was/were ad- by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment officient for approval.	
must be separately provided for	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	<b>T</b>
	for the amendment(s) was/were sufficient for approval	· · · · · · · · · · · · · · · · · · ·
9,	(voting group)	
08/28/2020	)	<b>ED</b> M: 7: 20
Dated		
Signature	Tah	
(By a c	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)  FABIO F MIESBACH	
	(Typed or printed name of person signing)	

(Title of person signing)