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TO: Amendment Section Division of Corporations

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NAME OF CORPOR	CRESCENDO GR ATION:	OUP INC.	
DOCUMENT NUMB	P15000087903		
	of Amendment and fee are sul	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	Sabrina Angela Chagas Batag	zini	
	CRESCENDO GROUP INC.	Name of Contact Person]
		Firm/ Company	
	333 SE 2nd Ave Suiet 2029		
	Miami, FL 33131	Address	
		City/ State and Zip Code	B
 	@haymanwoodward.com E-mail address: (to be us n concerning this matter, pleas	ed for future annual report e call:	notification)
Leonardo Freitas		212 at (444-2100
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
\$35 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)
Amo Divi P.O.	ling Address endment Section ision of Corporations Box 6327 ahassee, 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 of

	(Document Number of C	orporation (if known) FALLAPASCE, FLADA orida Profit Corporation adopts the following amendment(s		
ursuant to the provisions of section 607.1000 s Articles of Incorporation:	(Document Number of C	orporation (if known) FALLAPASCOL, FLADA		
s Articles of Incorporation:	6, Florida Statutes, this Flo	intental in the ADA		
s Articles of Incorporation:		orida Profit Corporation adopts the following amendment(s		
1. If amending name, enter the new name	of the corporation:			
		The new		
	n "Corp," "Inc," or "Co	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the		
		333 SE 2nd Ave Suite 2029		
3. Enter new principal office address, if a Principal office address <u>MUST BE A STRE</u>		Miami, FL 33131		
	-			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		333 SE 2nd Ave Suite 2029		
		Miami, FL 33131		
). If amending the registered agent and/or		s in Florida, enter the name of the		
new registered agent and/or the new re	<u>gistered office address:</u> brina Angela Chagas Batag	vini		
Name of New Registered Agent	orma Angela Chagas Datas			
33:	3 SE 2nd Ave Suite 2029			
	(Florida street	address)		
Mi <u>New Registered</u> Office Add <u>r</u> ess:	ami	FL 33131 , Florida		
New Registered Office Address.	(C	ity) (Zip Code)		

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)

Example:

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	<u>PT</u>	John Doc	
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
X 1) Change	P	Sabrina Angela Chagas Batagini	AV OSWALDO CRUZ 10
Add			NOVO HORIZONTE
Remove			VARGINHA, MG 37026-020 BR
2) Change			
Add			
Remove			
3) Change			
Add			**************************************
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach <i>additiona</i>	adding additional Ar al sheets, if necessary)	. (Be specific)				
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an amendmer	nt provides for an ex	change, reclassit	fication, or can	cellation of issue	d shares,	
if not appl	implementing the an icable, indicate N/A)	senament it not	contained in the	e amendment hs	<u>еп:</u>	
<u> </u>		· · · · · · · · · · · · · · · · · · ·		·	· · · · · · · · · · · · · · · · · · ·	
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The date of each amendment(s) adoption	n: 10 /3 l	2015	, if other than the
date this document was signed.		· (
Effective date <u>if applicable</u> :) days after amendmer	
· · ·	(no more than 90) days after amendmer	it file date)
Note: If the date inserted in this block of document's effective date on the Department.		able statutory filing re	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted by the shareholders was/were sufficient		number of votes cast	For the amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each to			
"The number of votes cast for the	e amendment(s) was/wer	e sufficient for approv	al
by	(voting group)		
	(voting group)		
☐ The amendment(s) was/were adopted by action was not required.	by the board of directors	without shareholder ac	ction and shareholder
☐ The amendment(s) was/were adopted baction was not required.	by the incorporators with	out shareholder action	and shareholder
Dated	(3/1201	<u> </u>	
Signature School	ingshiph Dhago	short and "	1
(By a director	r, president or other officen incorporator - if in the	er – if directors droff	
	luciary by that fiduciary)	•	,
<u> </u>	SABOUNA A	. CHA GAS	BATACIAI
	(Typed or printed t		3)
	TRESI DEN		
	(Title o	of person signing)	