## P16000016599

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## COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION: NOBEL VIEW INC			
NAME OF CORPORATION:			
DOCUMENT NUMBER: P16000016599			
The enclosed Articles of Amendment and fee are sul	omitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
VALBERTO FERRERIA DI.	AS		
	Name of Contact Person	l	
NOBEL VIEW INC .			
	Firm/ Company		
3902 SLEEPY ORANGE LN			
	Address		
COCONUT CREEK, FLORI			
	City/ State and Zip Code	•	
atendimento@thetrustcircle.info			
E-mail address: (to be us	ed for future annual report	notification)	
For further information concerning this matter, pleas	e call:		
GLAUCIA BASTOS	at (954	942-0229	
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:	
\$35 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 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation a	s currently filed with the Florida Dept. of State)
P16000016599	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Staits Articles of Incorporation:	stutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpor	ration:
	The new
	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u></u>
-	T.P.
C. Enter new mailing address, if applicable:	2 P
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	mg =
·	9.32 0
D. If amending the registered agent and/or registered of	office address in Florida, enter the name of the
new registered agent and/or the new registered office	
Name of New Registered Agent	
•	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	red Agent
I hereby accept the appointment as registered agent. I am	
	e 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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP		GUILHERME MONTEIRO DIAS	3902 SLEEPY ORANGE LN
X Add				COCONUT CREEK FL 33073
Remove				
2) Change				
Add				
Remove				
3) Change				
Add			·	
Remove				
4) Change	· · · · · · · · · · · · · · · · · · ·	_		
Add				
Remove				
5) Change	<del> </del>	<b></b>		
Add				
Remove				
6) Change	<del></del>	<del></del>		
Add				
Remove				

(Attach <i>addifional sh</i>	ling additional A neets, if necessary,	rticles, enter c ).     (Be specif	change(s) here ic)	:		
UILHERME MONTE			•			
					· · · · · · · · ·	
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·			<del>-,-</del>			-
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If an amendment p	olementing the ar	nendment if n	ssification, or ot contained in	cancellation of n the amendme	issued shares, nt itself:	
(у посарриса	hle, indicate N/A)					
						•
						-

The date of each amendment(s) ad date this document was signed.	option:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this cartment of State's records.	late will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adoptive the shareholders was/were sufficiently.	oted by the shareholders. The number of votes east for the amendment ficient for approval.	c(s)
	oved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adoption was not required.	nted by the board of directors without shareholder action and sharehold	der
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	
(By a di selected	rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other conditional diduction of the following by that fiduciary)	
<b>арр</b> они. -	(Typed or printed name of person signing)	
-	PRESIDENT (Title of person signing)	