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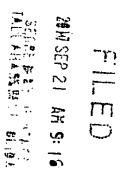
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: COSTA MELO	CORP	
DOCUMENT NUMBER: P16000023227		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
CLAUDIA SAENZ		
	Name of Contact Person	n
TAX SOLUTIONS & BOO	OKKEEPING LLC	
	Firm/ Company	
6220 S ORANGE BLOSSO		
	Address	
ORLANDO, FL. 32809		
	City/ State and Zip Cod	e
CLAUDIA.TAXSOLUTIONS@	GMAIL.COM	
E-mail address: (to be	used for future annual report	notification)
For further information concerning this matter, ple DANIELA MARCELA MENDES DA COSTA D		9557911
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Depa	artment of State:
■ \$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

COSTA	MEL	$^{\circ}$	C(1)	ŖΡ
CODIA	3 1 1 1 L	. •	$- \cdot \cdot$	1/1

(Name of Corporation	n as currently fil	ed with the Florida Dep	t. of State)			
P16000023227						
(Docume	ent Number of Co	rporation (if known)				
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Flor	ida Profit Corporation a	dopts the fo	llowing a	mendr	nent(s)
A. If amending name, enter the new name of the cor	poration:					
COSTA SANTOS CORP				***	,	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the action of the	" "Inc," or "Co"	. A professional corpora	orated" or ation name	the abbi	he ne reviatio itain ti	n
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	RESS)					
	_		·		₽2 	
	_				22 23	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7)			36 (18) (1)	SEP	
Virtualing duaress <u>BIAT BL A POST OF FICE BOX</u>	-			7 20 2 20	<u> </u>	
	_		_	<u> </u>		T
	<u></u> -				<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		n Florida, enter the nan	ne of the		<u>.</u>	
Name of New Registered Agent	<u> </u>					
	(Florida street ac	ldress)	_			
New Registered Office Address:			, Florida			
	(City)		(Zip Cod	(e)	
New Registered Agent's Signature, if changing Regist	tered Agent:					
Thereby accept the appointment as registered agent. To	am familiar with a	ind accept the obligation:	s of the posi	tion.		
Signati	ure of New Revist	ered 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> <u>Joh</u> r	n Doc	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
<u>X</u> Add	<u>SY</u> <u>Sall</u>	v Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	_		
Add			
Remove			

II amending or	adding additional Articles, enter change(s) here:	
Attach addition	al sheets, if necessary). (Be specific)	
**		
_		
		
lf an amendme	t provides for an exchange, reclassification, or cancellation of issued shares,	
	implementing the amendment if not contained in the amendment itself:	
(if not app	icable, indicate N/A)	
<u>, </u>		

The date of each amendment(s) date this document was signed.	adeption:	, if other than the
•	•	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	, , , ,	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were apmust be separately provided for	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
09/18/201 Dated	7	
Signature	7) - (-e)	_
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 nted tiduciary by that fiduciary)	
	DANIELA MARCELA MENDES DA COSTA DE MELO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	