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(B)	usiness Entity Name	e)
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Special Instructions to		
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C. GOLDEN

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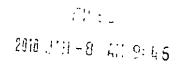
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	COSTA SA	NTOS CORP		
DOCUMENT NUMBER:	P16000023	227		
The enclosed Articles of Amendm	ent and fee are su	bmitted for filing.		
Please return all correspondence c	oncerning this ma	tter to the following	ig:	
ROSI ALV	ES			
		Name of Conta	act Person	
TAX SOLU	JTIONS & BOOK	KEEPING LLC		
		Firm/ Con	npany	
6220 S OR.	ANGE BLOSSON			
		Addre	SS	
ORLANDO), FL 32809			
		City/ State and	Zip Code	10-1-1
TAXES.SC	LUTIONS 100@0	GMAIL.COM		
E-mail	address: (to be us	sed for future annu	ial report i	notification)
For further information concerning	g this matter, pleas	se call;		
DANIELA M. DA COSTA MELO	O	at (407	955-7911 e & Daytime Telephone Number
Name of Contact P	erson		Area Cod	e & Daytime Telephone Number
Enclosed is a check for the follow	ing amount made p	payable to the Flo	rida Depar	tment of State:
	75 Filing Fee & ificate of Status	S43.75 Filing Certified Cop (Additional ec enclosed)	, oy	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment See Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations		Division Clifton	Address nent Section n of Corporations Building tecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



COSTA SANTOS CORP

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P160000	023227
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
COSTA MELO CORP	The new
name must be distinguishable and contain the word "corporat, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N/A
2. If amending the registered agent and/or registered office ad	dress in Florida, enter the name of the
new registered agent and/or the new registered office addre	<u>'55:</u>
Name of New Registered Agent	
	
(Florida s	street address)
N/A	
New Registered Office Address:	(City) (Zip Code)
dew Registered Agent's Signature, if changing Registered Ager	nt:
hereby accept the appointment as registered agent. I am familian	r with and accept the obligations of the position.
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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Carmindo da Conceicao Santos	7752 Moser Ave
Add			Windermere, FL 34786
X Remove			
2) Change	VP	Anselmo de Meio da Costa	7752 Moser Ave
XAdd			Windermere, FL 34786
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		·	
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		icles, enter change(s) here: (Be specific)
provisions for implementing the amendment if not contained in the amendment itself:		
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provisions for implementing the amendment if not contained in the amendment itself:	****	
provisions for implementing the amendment if not contained in the amendment itself:		
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	provisions for implementing the amer	ndment if not contained in the amendment itself:

DECEMBER 27, 2017 The date of each amendment(s) adoption: _____, if other than the date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement* must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes east for the amendment(s) was/were sufficient for approval ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required, ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. 12/27/2017 Dated__ (By a director, president or other officer - if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

DANIELA M. DA COSTA DE MELO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)