P16000050857

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SECRETARY OF STATE
TALLAHAS SEE, F

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10/30/18

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: BELLA VIS	TA GENERAL SERVICE	CEG, INC
DOCUMENT NUMBE	R: <u>P16000050357</u>		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
-	MARIA MADALE	INA CALDAS - LOPE Name of Contact Perso	
			u
	HADE IN BRAZI		
		Firm/ Company	
_	12311 KENWOO	LANE STE #208	
		Address	
	FORT MYERS, F	LORIDA 3390F	
	,,	City/ State and Zip Cod	e e
		NICES QUOIMALL. CCM Sed for future annual report	notification)
For further information e	oncerning this matter, pleas	se call:	
	CALDAS - LOPES Contact Person	at (<u>299</u> Area Co) 362 - 3121 de & Daytime Telephone Number
Enclosed is a check for the	ne following amount made j	payable to the Florida Depa	nrtment of State:
□ \$35 Filing Fee	↑ S43.75 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)
Amend " Divisio P.O. B	g Address ment Section on of Corporations of ox 6327 assee, F1, 32314	Amend Divisie Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

BELLA VISTA GENERAL	SERVICES INC	·	-0,	2	_<
(Name of Corpor	ation as currently	filed with the Florida Dept. of State)	E 10	<i>ن</i>	_
P160003	C357		-17	_ న్	1
(Do	cument Number of 0	Corporation (if known)	1 6	r,	
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation:	rida Statutes, this F	lorida Profit Corporation adopts the fol	lowing amo	endmen	t(s) t
A. If amending name, enter the new name of the	e corporation:		The	пек	
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Coword" chartered," "professional association," or	orp, " "Inc, " or " C	o". A professional corporation name	the abbrev	riation	
B. Enter new principal office address, if applica	ıble:	2346 WINKER AVE UNIT	D 108		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		FORT MYERS FL 33901			
		ı			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	2346 WINKLER WE UNIT	D103		
		FORT HYERS FL 33901			
D. If amending the registered agent and/or reginew registered agent and/or the new register		ss in Florida, enter the name of the			
Name of New Registered Agent HACE	IN BRAZIL	services			
12811	KENWOOD LAN				
New Registered Office Address:	FORT HUEF	. Florida	53904		
	. 10	Tity)	(Zip Code)		
New Registered Agent's Signature, if changing l	Registered Agent:				
I hereby accept the appointment as registered ager		th and accept the obligations of the posi	tion.		
	N	Panai di P			
	ignature of New Pe	gitured 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: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>
1) Change		KAKOHENRIGUE RAMOS PEREIRA	2346 WINKLER AVE, UNIT DIDS
_ X Add			FORT MYERS, FL 33901
Remove			
2) X Change	FDS	SAUDRO R REREIRA	2346 WINKLER AND UNITODOS
Add			FORT HYERS FL 33901
Remove			
3) Change		NIX	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ets, if necessary).	(2004-00-00-00-00-00-00-00-00-00-00-00-00-				
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an amendment pro	ovides for an exch	ange, reclassific	ation, or cancel	lation of issued s	shares,	
rovisions for imple (if not applicable	menting the ame.	<u>ndment if not co</u>	ntained in the a	mendment itself	<u>:</u>	
(у посирунский	s, marcure was					
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-		<u>-</u>				

The date of each amendment(s) adoption	i:N/A		, if other than the
date this document was signed.			
Effective date if applicable:			
	(no more than 90 days after am	endment file date)	
Note: If the date inserted in this block document's effective date on the Departme		iling requirements, this da	ite will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
■ The amendment(s) was/were adopted by by the shareholders was/were sufficient		es east for the amendment(s	s)
☐ The amendment(s) was/were approved I must be separately provided for each ve			ent
"The number of votes cast for the	amendment(s) was/were sufficient for	approval	
by	NIA	,, 	
	(voting group)		
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareho	older action and shareholde	er
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder	action and shareholder	
08/27/2018 Dated Signature)		
(By a director, selected, by ar	president or other officer – if directors i incorporator – if in the hands of a reco ciary by that fiduciary)		1
SAND	RO ROBERTO PEREIRA		
	(Typed or printed name of person	signing)	
PDS			
	(Title of person signing	g)	