## P16 000050857

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: BELLA VISTA G	ENERAL SERVICES, INC				
	JMBER: P16000050857		. <del>,</del>			
The enclosed Artic	cles of Amendment and fee are su	bmitted for filing.				
Please return all co	orrespondence concerning this ma	itter to the following:				
	MARIA M CALDAS-LOPE	S				
	***	Name of Contact Person	1			
	MADE IN BRAZIL SERVIO					
	<u> </u>	Firm/ Company	<del></del>			
	12811 KENWOOD LANE, SUITE 208					
		Address	<del></del>			
	FORT MYERS, FL 33907					
		City/ State and Zip Cod	e			
	madeinbrazilservices@hotma	ail.com				
	•	sed for future annual report	notification)			
For further inform	ation concerning this matter, plea	se call:				
MARIA M CALE	AS-LOPES	239	de & Daytime Telephone Number			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fed	© \$43.75 Filing Fee & Certificate of Status	S43.75 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

BELLA VISTA GENERAL SERVICES INC.

BELLA VISTA GENERAL SERVICES, INC.	al. Ch. L. ith the Classida Dant of State)
P16000050857	ently filed with the Florida Dept. of State)
	er of Corporation (if known)
	this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation	<u>c</u>
N/A	The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P.	'. A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	N/A
	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A CONTRACTOR
	N/A
	N/A SSE TI
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addition N/A	
Name of New Registered Agent	
N/A	
N/A	a street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent.—I am famili	vent: iar with and accept the obligations of the position.
	JJA w Registered Agent, if changing
Signature of Ne	w Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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>	<u>John De</u>	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>with</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP		SIMONE DE OLIVEIRA	15425 BELLAMAR CIR, APT 924
X Add				FORT MYERS, FL 33908
Remove				
2) Change		_		
Add				
Remove 3 ) Change		_	<u> </u>	
Add				
Remove				*1
4) Change	<del></del>	_		
Add				
Remove				
5) Change		_		.,
Add				
Remove				
6) Change				
Add		_		
Remove				

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n amendment provides for an exc	hanna raelassificat	ion or cancellation	of icened chares	
ovisions for implementing the amo	endment if not cont	tained in the amend	lment itself:	
(if not applicable, indicate N/A)				
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The date of each amendment(s) ac	doption: VIA	, 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 b document's effective date on the De	lock does not meet the applicable statutory filing rec partment of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors witho	ut shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast f fficient for approval.	or the amendment(s)
☐ The amendment(s) was/were app must he separately provided for	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the a	e following statement imendment(s):
"The number of votes east	for the amendment(s) was/were sufficient for approva	П
by		 
•	(voting group)	
Dated	1-28-2021	
Signature	rector, president or other officer – if directors or offic	pare have not have
	I, by an incorporator – if in the hands of a receiver, tr	
	ed fiduciary by that fiduciary)	
	SANDRO PEREIRA	
	(Typed or printed name of person signing	
	POS	
	(Title of person signing)	