## P160000 75120

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: BREIN GROUP, C	CORP		
DOCUMENT NUMB	P16000075120		·	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
	BERENICE IPIA-FELICIAN	NO		
-		Name of Contact Persor	1	
	PRATS FERNANDEZ & CO	O PA		
-		Firm/ Company		
	999 PONCE DE LEON BLV	7D. STE. 1110PH		
-		Address		
	CORAL GABLES, FL 3313	4		
-		City/ State and Zip Cod	e	
ADM	N@PRATSFERNANDEZ.C	°0XI		
	_	sed for future annual report	notification)	
		,		
For further information	concerning this matter, pleas	se call:		
BERENICE IPIA-FEL	ICIANO	305 at (	444 8333	
Name o	f Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

## **Articles of Amendment**

	10
	Articles of Incorporation
	of
BREIN GROUP, CORP	
·····	(Name of Corporation as currently filed with the Florida Dept. of State)
P16000075120	

	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>I</i>	Florida Profit Corporation adopts the	· following (	amendi	ment(s
A. Hamending name, enter the new na	me of the corporation:				
				The n	ረንተ
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc." or "C	'o" A professional corporation na	or the abb me must co	reviati main i	ion the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )		999 PONCE DE LEON BLVD. STE. 1110PH			
		CORAL GABLES, FL 33134			_
C. Enter new mailing address, if appli		P.O. BOX 140970			_
(Mailing address <u>MAY BE A POST (</u>	OFFICE BOX)	CORAL GABLES, FL 33114			_
			<u> </u>	19	_
D. If amending the registered agent an new registered agent and/or the new	d/or registered office addr w registered office address:	ess in Florida, enter the name of the	<u>e</u>	OCT 13	10 g 1 g 1 g 1 mars 1 mars
•	PRATS FERNANDEZ & CO PA		• •	ייט רידי	:
Name of New Registered Agent	999 PONCE DE LEON BLVD. STE. 1110PH		- 4. - 4.	;; Ç.	
	(Florida stre	ret address)	3	رن <del>د</del> ند	
New Registered Office Address:	CORAL GABLES.	, Florida	33 P34 a		
		(City)	(Zip Ce	nde)	

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.



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 = ChiefExecutive Officer, CEO = 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	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	ke Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	DE LA PAZ. JOSE L	701 BRICKELL AVE. STE. 1550
Add			MIAMI, FL 33131
X Remove			
2) Change			
Add			
Remove			19
3.) Change			
Add			
Remove			
4) Change			D 2: 46
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary) — (Be specific)	
	- 1
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provisions for implementing the amendment if not contained in the amendment itself:	
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The date of each amendment(s) addate this document was signed.	doption:			, if other than the
_				
Effective date <u>if applicable</u> :	(no mo	ore than 90 days after	amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De			ory tiling requirements	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK O	<u>NE</u> )		
■ The amendment(s) was/were add by the shareholders was/were su			votes east for the ame	ndment(s)
☐ The amendment(s) was/were approvided for must be separately provided for	proved by the sharehoved by th	olders through voting ntitled to vote separa	groups. The following tely on the amendmen	z statement USE
"The number of votes cast				
by				
	(voting grou	<i>(p)</i>		
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☐ The amendment(s) was/were add action was not required.  Dated	opted by the incorpor	rators without shureho	older action and shareh	older
Oates				
Signature	/ecst			
selecte		r – if in the hands of a	ctors or officers have r receiver, trustee, or o	
	FERNANDO A DE	E LA PAZ		
	(Typed c	or printed name of per	rson signing)	
	P, D			<b>.</b> 7
		errich de la company		<del></del>
		t Title of person si	āuinā)	OCT 15 PH 2:
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