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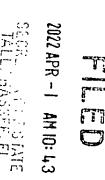
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Tallahassee, FL 32303

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:WISH JEWELRY	AND ACCESSORIES, C	ORP.	
DOCUMENT NUMB	BER:			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
•		Name of Contact Person	1	
	MARIA EMILIA ANTUNES	S LAGE		
•		Firm/ Company		
	WISH JEWERLY AND ACC	CESORIES CORP		
	Address			
	200 CRANDON BLVD SUF			
		City/ State and Zip Code	e	
	miaantunes@yahoo.com.br			
•	E-mail address: (to be us	ed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
MARIA EMILIA AN'	TUNES LAGE	at (778-7910	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)	
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		

Articles of Amendment to Articles of Incorporation of

FIL.ED

WISH JEWELRY AND ACCESSORIE	S, CORP.	2022 APR - 1 AM-10: 43		
(Name (of Corporation as curren	atly filed with the Florida Dept. of State)		
P16000079924		TAIT WEST STATE		
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s)		
A. If amending name, enter the new na	ame of the corporation:			
		The new		
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	lorp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:		200 CRANDON BLVD SUITE 102		
(Principal office address <u>MUST BE A S</u>		KEY BISCAYNE, FL 33149		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		200 CRANDON BLVD SUITE 102		
		KEY BISCAYNE, FL 33149		
		dress in Florida, enter the name of the		
new registered agent and/or the nev				
Name of New Registered Agent	MARIA EMILIA ANTU	JNES LAGE		
	200 CRANDON BLVD	SUITE 102		
	(Florida :	street address)		
New Registered Office Address:	KEY BISCAYNE	. Florida ³³¹⁴⁹		
New Registered Office radicess.		(City) (Zip Code)		
New Registered Agent's Signature, if c		nt: r with and accept the obligations of the position.		
петелу ассері іне арронитені ах геділі	erea ageni. Tain jamina	with and accept the obligations of the position.		
	Mari			
	Signature of New	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)

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	_ <u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	MICHELLE MOREIRA	200 CRANDON BLVD SUITE 10
X Add		-	KEY BISCAYNE, FL 33149
Remove			
2) Change			
Add			
Remove Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			-
5) Change			
Add			
Remove			<u> </u>
6) Change		_	
Add			
Remove			

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·	01/01/2022	is along the soul to
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
_	01/2022	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file da	le)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the a ufficient for approval.	mendment(s)
	proved by the shareholders through voting groups. The follow reach voting group entitled to vote separately on the amendm	
	for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
01/01/202	2	
Dated	<u>.</u>	
Signature	- Tanisal	
selecte	director, president or other officer – if directors or officers haved, by an incorporator – if in the hands of a receiver, trustee, onted fiduciary by that fiduciary)	
	MARIA EMILIA ANTUNES LAGE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	