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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MASTER BOON	CORPORATION			
	BER: P16000081576				
The enclosed Articles	of Amendment and fee are su	abmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	JULIANA DOS SANTOS				
		Name of Contact Person	1		
	GFS TAX & ACCOUNTING	G SERVICES			
		Firm/ Company			
	2001 W CYPRESS CREEK	RD STE 102B			
		Address			
	FORT LAUDERDALE, FL.	33309			
		City/ State and Zip Code	e		
INIT	ACCECTANA CCT COM				
INPC	@GFSTAXACCT.COM	sed for future annual report	natification)		
	E-mail address. (to be di	sed for future annual report	notification)		
For further informatio	n concerning this matter, plea	se call:			
JULIANA DOS SAN	TOS	754 at (301-2128		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State;		
□ \$35 Filing Fee	☐S43.75 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)		
			Address		
		Amendment Section			
		Division of Corporations			
		Clifton Building 2661 Executive Center Circle			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	ment Section on of Corporations Building		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

м	Y 6.	TER	ROC	W	COR	POR	ATIO	N

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
P16000081576	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corpord "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N N H
(Maining address MATT BEATTOST OF THE BOA)	
	<u> </u>
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Regist	
I hereby accept the appointment as registered agent. I am famili	ar with and accept the obligations of the position.
	D. C.
Signature of Ne	w 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>79</u>	John De	<u>oc</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	ones	
X Add	<u>sv</u>	Sally S	mith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP		CISLENE B MOREIRA	Ave Brigadeiro Faria Lima 2954
Add X Remove				Sao Paulo SP 01452-000
2) Change		_		
Add				
Remove				
3) Change		_		
Add		•		
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				·
Remove				

N/A	and once to, y meet	essary). (Be spec	J-~/			
						
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. If an amendπ	ient provides for	an exchange, recl	assification, or c	ancellation of is.	sued shares.	
provisions fo	or implementing t	the amendment if	not contained in	the amendment	itself:	
	pplicable, indicate	N/A)				
^H /A						
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<u>-</u>						1000
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The date of each amendment(s)	doption:	_, if other than th
late this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
lote: If the date inserted in this ocument's effective date on the I	block does not meet the applicable statutory filing requirements, this date will repartment of State's records.	not be listed as th
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
The amendment(s) was/were a must be separately provided f	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
bv	(voting group)	
-	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
_ · · · · · · · · · · · · · · · · · · ·	BER 19TH 2018	
seld	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	_
	JULIANA T MOREIRA	
	(Typed or printed name of person signing)	···
	PRESIDENT	
	(Title of person signing)	