## P16000092425

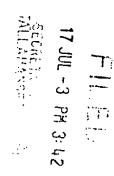
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S. PRATHER

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CRIART GROUP	USA, CORP			
DOCUMENT NUMB	ER: P16000092425				
	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	oondence concerning this ma	tter to the following:			
1	KAROLINA TORRES				
-	<u> </u>	Name of Contact Persor	1		
1	KTORRES SERVICES CORP				
<del>-</del>		Firm/ Company			
t	500 S FEDERAL HWY STE	E 220			
_	Address				
1	DEERFIELD BEACH, FL 33	3441			
_		City/ State and Zip Code	2		
KTOR	RES@KTORRESSERVICE	S.COM			
		sed for future annual report	notification)		
		•			
For further information	concerning this matter, pleas	e call:			
KAROLINA TORRES		561 at (	562-0814		
Name of	Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	payable to the Florida Depa	ertment of State:		
□ \$35 Filing Fee	■\$43.75 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)		
Amer Divis P.O. I	ng Address idment Section ion of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

CRIA	RT.	GRC	H P	LISA	CORP

(Name of Corporation	on as currently filed with the Florida Dept. of State)
P16000092425	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the cor	rporation:
	The new
name must be distinguishable and contain the word "Corp.," "Inc" or Co.," or the designation "Corp," word "chartered," "professional association," or the a	I "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON	v)
	<u>ယ</u> (
D. If amending the registered agent and/or registered new registered agent and/or the new registered o	ed office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Regis Thereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
	ture of New 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>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
_X Add	<u>SV</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	SH	BRV Prom. de Vendas e Turismo Lt	Av. Eng. Souza Filho, 70 1° andar		
X Add			Itanhanga, Rio de Janeiro, RJ		
Remove			Brazil, CEP 22753-053		
2) Change					
Add					
Remove					
3 ) Change		_			
Add					
Remove					
4) Change			4000		
Add					
Remove					
.5) Change					
Add			<del></del>		
Remove					
6) Change		_			
Add					
Remove					

(	(Be specific)
/ia	
-	
<del></del> -	<del></del>
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
a	
	<del></del>
<del></del>	

The date of each amendment(s) adoption:	if o	ther t	han the
Effective date if applicable:			
(no more than 90 days after amendment file date)			
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be	listed	l as the
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.			
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):			
"The number of votes cast for the amendment(s) was/were sufficient for approval	<b>_</b> i		
by	ALL. ALL.	17 J	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	元子 でかって 元子 でかって 元子 でかって 元子 できる 元子 できる 元子 元子 元子 元子 元子 元子 元子 元子 元子 元子	UL -3 i	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	•	PH 3: 42	
Dated 06/29/2017  Signature Douglas DE A Roberton	•	~	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_		
DOUGLAS DE ALMEIDA ROBERTO			
(Typed or printed name of person signing)			
PRESIDENT			
(Title of person signing)			