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COVERLETTER

4

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: SEPTIMO CIELO	DULCE JESUS MIO.COR	<u> </u>
DOCUMENT NUMBI			
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
N	MARIA AZEREDO		
_		Name of Contact Person	1
 1	ARES & ACCOUNTING S	OLUTION3	
_		Firm/ Company	
9	300 NW 25TH ST #109		
_	•	Address	
Γ	OORAL FL 33172		
_		City/ State and Zip Code	2
MAZE	REDO@TASMIAMI.COM		
	_	sed for future annual report	notification)
	`	•	•
For further information	concerning this matter, pleas	e call:	
MARIA T AZEREDO		at (<u>205</u> .	4/0-/505
Name of	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	□\$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)
Amen Divisi P.O. I	ng Address Idment Section Ion of Corporations Box 6327 Hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Executive Center Circle

Ardeles.of Amendment to Articles of Incorporation of

FILED

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SEPTIMO CIELO DULCE JESUS MIO CORP

(Name of Corporation as cur	rently filed with the Florida De	ept. of State)
P16000093922		
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>	
DULCE JESUS MIO SEPTIMO CIELO CORP		The new
name must be distinguishable and contain the word "corpo "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbrevial	or "Co". A professional corpo	porated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	15823 SW 68 TERRACI	E
	MIAMI FL 33193	
	-	
D. Mamending the registered agent and/or registered office new registered agent and/or the new registered office ad-		amç of the
Name of New Registered Agent N/A		
(Flori	ida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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 reamed 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>ก็ต่e</u>	<u>Name</u>	<u>/káares</u> s
1) Change			
Add			
Remove			
T)Tange			
Add			
Remove			
3) Change			
, <u> </u>			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Cnange			
Add			
Remove			·

Attach additional sheets, if necessary).	(Be specific)			
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The second secon				•

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lf an amendment provides for an exch	ange, reclassification, or cancellation of issued sha	ares,		
provisions for implementing the amer	ndment if not contained in the amendment itself:			
(if not applicable, indicate N/A)				
				_
			•	_
		·		

The date of each, amendment(s)	8/25/17	, it when than the
date this document was signed.	idoption:	, , , , , , , , , , , , , , , , , , , ,
Effective date <u>if applicable</u> :	8/25/17	
Elicetive date <u>il applicable</u> .	8/65/17 (no more than 90 days after amendment)	file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requepartment of State's records.	uirements, this date will not be listed as th
λάσμίτση σε Απικαάπισητές)	(CHECK ONE)	
The amendment(s) was/were ac by the shareholders was/were	dopted by the shareholders. The number of votes cast for sufficient for approval.	r the amendment(s)
	proved by the shareholders through voting groups. The reach voting group entitled to vote separately on the an	
The number of votes ca	t for the amendment(s) was were sufficient for approval	
by	(voting group)	"
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action	on and shareholder
action was not required.	tions of the state in compositions without shareholder action as	ad altaughaldye
Dated	3/25/17	
Signature Sy a	director, president or other officer - if directors or office	ers have not been
factor	ad terran inanumanentan _ if in the hounds of a maniteren ton	stan, or other count
appo	nted fiduciary by that fiduciary)	
	Typed or printed name of person signing)	
	OFGICEN /MON	ager President.