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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

18 10CT 12 14 10 28 Division of Corporations NAME OF CORPORATION: Brito Sanic Inc The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ☑\$43.75 Filing Fee & ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of An	nendment
to Articles of Inco	ornoration & San
of	orporation & Control of the Control
- Prito	filed with the Florida Dept. of State)
(Same of Corporation as currently)	TANANA 30C I
(Dogwood Month of G	170000 001 %
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	N/A The new
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "C word "chartered," "professional association," or the abbreviation "I	," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
	4058 Chanker Avanue
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	to 1 Marie To 2001
<u> </u>	10rt 1114C1S, H. 33416
	9
	11
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Sameas above"
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent : Made _ \n	Brazil Senices
3751 Met	Ro Parkway #5208
- JAJI / NKA (Florida stre	
1 1 00	2201ia
New Registered Office Address: Ort MUCIS	City) , Florida 39110 (City) (Zip Code)
·	·
New Registered Agent's Signature, if changing Registered Agent:	and the same and same
I hereby accept the appointment as registered agent.—I am familiar w	un and accept the obligations of the position.
	Omman .
Signature of New R	Subord August & 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> <u>John</u>	1 Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)Change	<u>VPS</u>	Brito Sanic, Juan	4058 Charokee Avanue
Add			Fort Myers, FL 33916
Remove			
2) Change		<u></u>	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)	N/A	
		* 10 Table 1	
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· · · · · · · · · · · · · · · · · · ·			<u>. </u>
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•			
If an amendment provides for an exc	hange, reclassific	tion, or cancellation of issued share	<u>s.</u>
provisions for implementing the am (if not applicable, indicate N/A)	enament it not co	tained in the amendment itself:	
•		NIX	
			

	10/05/12012	
The date of each amendment(s) adoption:late this document was signed.	1010010017	, if other than the
Effective date if applicable:	10/06/20	A
	more than 90 days after amendment file	date)
Note: If the date inserted in this block does not med document's effective date on the Department of State's		ements, this date will not be listed as the
Adoption of Amendment(s) (CHECK	ONE)	
The amendment(s) was/were adopted by the shareh by the shareholders was/were sufficient for approv		ne amendment(s)
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group		
"The number of votes cast for the amendmen	t(s) was/were sufficient for approval	
by(voting gr	,11	
(voting gr	oup)	
☐ The amendment(s) was/were adopted by the board action was not required.	of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adopted by the incorpaction was not required.	orators without shareholder action and	shareholder
Dated	0/2017	
Signature		
	or other officer - if directors or officers	have not been
selected, by an incorporat	tor - if in the hands of a receiver, truste	
appointed fiduciary by the	at fiduciary)	
- 	Juan Britos	anic
(Typec	d or printed name of person signing)	
	VPS	
<u> </u>	(Title of person signing)	

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