## P17000022439

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## COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: BRAZIL CATERIN INC DOCUMENT NUMBER: P17000022439 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LUCIMAR VILARINO MUSCH Name of Contact Person LM ACCOUTING & PAYROLL SERVICES LLC Firm/ Company 4221 BAYMEADOWS RD, SUITE 1 Address JACKSONVILLE, FL 32217 City/ State and Zip Code LMACCTANDPAYROLLSERVICES@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 904 ) 410-8344 Area Code & Daytime Telephone Number LUCIMAR VILARINO MUSCH Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & S35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Fl. 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

BRAZIL CATERING INC.

BRAZIL CATERING INC		
	itly filed with the Florida Dept. of State	}
P17000022439		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the f	ollowing amendment(
A. If amending name, enter the new name of the corporation:		
		(77)
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered." "professional association," or the abbreviation	"Co" A professional corporation name	The new rest the abbreviation emust contain the
D. Parking and all the descriptions of the contract of	11202 SHADY GLEN DRIVE	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	JACKSONVILLE, FL 32257	<del> </del>
C. Enter new mailing address, if applicable:	11203 CHAINY O'LEN INDIVE	- 17 JU
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	11202 SHADY GLEN DRIVE	
	JACKSONVILLE, FL 32257	- 対応 - <b>C</b>
		PH D
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre		
Name of New Registered Agent		
tFlorida s	street address)	
New Registered Office Address:	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Ager	nt:	
I hereby accept the appointment as registered agent. I am familiai		sition.
Signature of New	Revistered Agent if changing	<del></del>

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 Doc 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.

X Change	<u> 197</u>	John Doe	
X Remove	$\underline{V}$	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	l,	NELSON ANTONIO VAZ	1484 LANDAU RD
Add			JACKSONVILLE, FL 32225
X Remove			
2) X Change	P	URSULA BEZERRA DE SOUSA	11202 SHADY GLEN DRIVE
Add			JACKSONVILLE, FL 32257
Remove			
3.) Change	$\nabla P$	MARIA LUCIA B. BARLETTA	4295 SUNBEAM RD,
X Add			JACKSONVILLE, FL 32257
Remove			
41 Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change	<del> </del>		
Add			
Remove			

(Attach additional sheets, if necessary).	(Be specific)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	<del>-</del>
If an amondment regulder for an arch	nange, reclassification, or cancellation of issued shares.
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
.,	
<del></del>	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
tho more than 90 days after amendment file date	)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	ts, this date will not be listed 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) was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
<ul> <li>The amendment(s) was/were adopted by the board of directors without shareholder action and s action was not required.</li> <li>The amendment(s) was/were adopted by the incorporators without shareholder action and share action was not required.</li> </ul>	
O6-13/2017  Dated	not been
selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
URSULA BEZERRA DE SOUSA	
(Typed or printed name of person signing)	
VICE-PRESIDENT	
(Title of person signing)	