P17000012439

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THOCK TO THE COVER LETTER TO: Amendment Section Division of Corporations NAME OF CORPORATION: BRAZIL CATERING 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 ACCOUNTING & PAYROLL SERVICES LLC |Firm/ Company 4221 BAYMEADOWS RD, SUITE I Address JACKSONVILLE, FL 32217 City/(State and Zip Code LMTAXSERVICES2013@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LUCIMAR VILARINO MUSCH Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **⊠** \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation (Name of Corporation (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) 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

address of each Office (Attach additional shee Please note the officer/ P = President; V= Vic Executive Officer; CFC held. President. Treasu Changes should be not a change, Mike Jones I	er and/or I ets, if neces director til ee Presiden O = Chief erer, Direct ed in the followers	Director being added: sary) the by the first letter of the at; T= Treasurer; S= Sec Financial Officer. If an tor would be PTD. ollowing manner. Curren	office title: retary; D= Director; TR officer/director holds mo atly John Doe is listed as	cer/director being removed and title, name, and = Trustee; C = Chairman or Clerk; CEO = Chief ore than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is ese should be noted as John Doe, PT as a Change,
X Change	<u>PT</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>		Address
1) Change	P	URSULA BE	ZERRA DE SOUZA	11202 SHADY GLEN DRIVE
Add				JACKSONVILLE. FL 32257
Remove 2) X Change	PV	MARIA LUC	IA B. BARLETTA	7900 BAYMEADOWS CIRCLE E
Add				APT 179
Remove				JACKSONVILLE, FL 32256
3) Change		_		
Add				
4) Change				
Add Remove				
5) Change				
Add				
Remove				
6) Change				

____ Add

____ Remove

If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter chan (Be specific)	ge(s) here:
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If an amendment provides for an exch	ange, reclassifi	cation, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	<u>ndment if not co</u>	ontained in the amendment itself:

The date of each amendment(s) adoption:late this document was signed.	, if other than the
Effective date if applicable:	
(no mo	re than 90 days after amendment file date)
Note: If the date inserted in this block does not meet to document's effective date on the Department of State's re-	he applicable statutory filing requirements, this date will not be listed as the cords.
Adoption of Amendment(s) (CHECK OF	\ <u>NE</u>) -
☐ The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareho must be separately provided for each voting group er	
"The number of votes cast for the amendment(s)	was/were sufficient for approval
by	
(voting group	0)
☑ The amendment(s) was/were adopted by the board of action was not required.	directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorpora action was not required.	ators without shareholder action and shareholder
09/21/2017 Dated	
Signature Unsela Bur	us dheusa
(By a director, president or o	other officer – if directors or officers have not been – if in the hands of a receiver, trustee, or other court
	URSULA BEZERRA DE SOUSA
(Typed or	r printed name of person signing)
	PRESIDENT
	(Title of person signing)