Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : DDS TAMPA TAX SERVICE

Account Number : I20140000115 Phone : (813)882-8426

Fax Number : (813)882-8426 Fax Number : (813)884-0263 Anund

MAY - 8 2019

I ALBRITTON

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: WALBER, TETE @ GMAIL. COM

## COR AMND/RESTATE/CORRECT:OR O/D RESIGN NOVA UNIAO FLORIDA INC

| Certificate of Status | 0       |
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| Certified Copy        | 0       |
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| Estimated Charge      | \$35.00 |

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#### COVER LETTER

| TO: Amendment Se<br>Division of Cor |   |  |  |  |
|-------------------------------------|---|--|--|--|
| NAME OF CORPO                       | PRATION: NOVA UNIAO F                       | LORIDA INC   |  |  |
| DOCUMENT NUM                        | 1BER: P17000031783                          |  |  |  |
| The enclosed Article                | s of Amendment and fee are su               | ubmitted for filing.   |  |  |
| Please return all corr              | espondence concerning this ma               | ntter to the following:  |  |  |
|                                     | WALBER BRITO DE BARI                        | ROS  |  |  |
|                                     | -   | Name of Contact Pers   | оп   |  |
|                                     | NOVA UNIAO FLORIDA I                        |  |  |  |
|                                     |   | Firm/ Company  |  |  |
|                                     | 12410 COUNTY LINE RD                        |  |  |  |
|                                     | _   | Address  |  |  |
|                                     | HUDSON, FL 34667                            |  |  |  |
|                                     |   | City/ State and Zip Co   | de   |  |
| walt                                | ocr.tete@gmail.com                          |  |  |  |
|                                     | E-mail address: (to be us                   | sed for future annual repor  | t notification)  |  |
| For further information             | on concerning this matter, pleas            | se call:   |  |  |
| WALBER BRITO D                      | E BARROS                                    | at (813  | 804-991] ode & Daytime Telephone Number  |  |
| Name of Contact Person              |   | Ar <b>c</b> a C  | ode & Daytime Telephone Number   |  |
| Enclosed is a check fi              | or the following amount made p              |  |  |  |
| \$35 Filling 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) |  |
| <u>Ma</u>                           | iling Address                               | Street   | Address  |  |
| Am                                  | andment Section                             | Street Address Amendment Section                                   |  |  |
|                                     | rision of Corporations                      | Divisi   | on of Corporations   |  |
|                                     | 9. Box 6327                                 | Clifton Building   |  |  |
| Wallahassee, FL 32314               |   | 2661 Executive Center Circle                                       |  |  |

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

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### H190001513553

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 afficer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

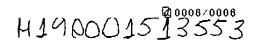
Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| X Change                      | PT Joh              | n Doc                         |                      |
|-------------------------------|---------------------|-------------------------------|----------------------|
| X Remove                      | <u>V</u> <u>Mik</u> | c Jones                       |                      |
| <u>X</u> Add                  | SV Sall             | y <u>Smith</u>                |                      |
| Type of Action<br>(Check One) | Title               | Name                          | <u>Addres</u> s      |
| 1) Change                     | <u>v</u>            | Paula Lima De Sequeira Barros | 12410 County Line Rd |
| X<br>∧dd                      |                     | _                             | Hudson, FL 34667     |
| Remove                        |                     |                               |                      |
| 2) Change                     |                     |                               |                      |
|                               |                     |                               |                      |
| Remove                        |                     |                               |                      |
| 3) Change                     |                     |                               |                      |
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| 4) Change                     | <del></del>         |                               |                      |
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| .5) Change                    |                     |                               |                      |
| Add                           |                     |                               |                      |
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| 6) Change                     |                     |                               |                      |
| Add                           |                     |                               |                      |
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| If amending or adding additional Article (Attach additional sheets, if necessary). | (Be specific)             |                                 |              |
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| f an amendment provides for an exch  | anna malacrificacion a    | e enmanilhation of terms during |              |
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| The date of each amendment(s) adoption:  |
|--|
| and mile decomplete with signer.   |
| Effective date if applicable:  (no more than 90 days after amendment file date)  |
| (no more than 90 days after amendment file date)   |
| Note: If the date inserted in this block does not meet the applicable amtutory filing requirements, this date will not be listed as it document's effective date on the Department of State's records            |
| Adoption of Amendment(s) (CHECK ONE)   |
| The amendment s) was/were adopted by the shareholders. The number of voxes 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 critical in vote separately on the innendment(s):      |
| "The number of votes cust for the amondment(s) was were sufficient for approval  |
| hye  |
| (white group)  |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required   |
| The immendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  |
| MAY 3rd, 2019<br>Dated   |
| Signature Walber Brito de Barron   |
| (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) |
| WALBER BRITO DE BARROS   |
| (Typed or printed name of person signing)  |
| PRESIDENT  |
| (Title of person signing)  |

Page 4 of 4