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SECRETARY OF STATE.

SEP 2 3 2021

S. PRATHER

#### **COVER LETTER**

Division of Corporations NAME OF CORPORATION: BRAZILIAN BRICKPAVERS The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person

E+E FINANCIAL SERVICES

Firm/ Company BOX 2612 ODD STOCK, GA 30188

City/ State and Zip Code RIFA, C, Cantero Q gmail. Com-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ERIKA CANTERO at (678) 643-071 Y

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐\$43.75 Filing Fee & □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is: (Additional Copy enclosed)

### **Mailing Address**

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

#### Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

is enclosed)

# **Articles of Amendment**

to

# Articles of Incorporation

of

Beazilian BRICKPOWERS	EHERDRISES	; NC	
(Name of Corporation as currently	filed with the Florida Dept. of	State)	2021
(Document Number of	Corporation (if known)	**	<u> </u>
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:	<i>Torida Profit Corporation</i> adopt	s the following men	ED PH
The interesting many content and the compositions		TATE ORIE	ည ည်
name must be distinguishable and contain the word "corporation," "co" lnc.," or Co.," or the designation "Corp." "Inc." or "Co". A "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: new registered agent and/or the new registered office address:	ess in Florida, enter the name o	of the	
Name of New Registered Agent		<del></del>	
(Florida stre	et address)		
New Registered Office Address:	, Flo	orida(Zip Code)	
,	- · · · · · · · · · · · · · · · · · · ·	(1.17) 201117	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of	the position.	
70 231 6	11 20 1	<del></del>	
Signature of New Re	gistered Agent, if changing		
Charle if analisable			

 $\square$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

Xampie: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	UP		200 Pacetrack Rd NE
X— Add		de Miranda	Full Nathon Beach, F
Remove			32547
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	· <del></del>		
Add			
Remove			
6) Change			
Add			
Remove			
KCHROVC			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other that	n the
date this document was signed.		
Effective date if applicable:  (no more than 90 days after amendment file date)	<del></del>	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed a	s the
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	shareholder	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes 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 entitled to vote separately on the amendment(s):		
"The number of votes cast for the amendment(s) was/were sufficient for approval	2021 SE6	
by"	SEP	
(voting group)		=
Dated 09 03 2021		T D
Signature Adullar Mirade	5: 56 STATE LORIDA	
(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)		
Adison Mikanala (Typed or printed name of person signing)		
Processor signing)		
TRESICULITY OF THE PROPERTY OF		
(Title of person signing)		