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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ____RODOPENHA USA INC DOCUMENT NUMBER: P17000093224 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TIAGO BATISTA Name of Contact Person TBS TAX SERVICES INC Firm/ Company 785 WASHINGTON ST Address STOUGHTON,MA 02072 City/ State and Zip Code TBATISTA@TBSTAXSERVICES.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TIAGO BATISTA 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 Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address**

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 to Articles of Incorporation of

RODOPENHA USA, INC.	
(Name of Corporation	as currently filed with the Florida Dept. of State)
P17000093224	
(Documen	t Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida St its Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:
	The new
"Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abl	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRI	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent	
The state of the s	
	(Florida street address)
No Designation of Control of Control	Florida
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I as	ered Agent: m familiar with and accept the obligations of the position.
Signatu	re of New Registered Agent, if changing

4 5 4 cg

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>	John Do	<u>oc</u>		
X Remove	$\underline{\mathbf{v}}$	Mike Jones			
_X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s	
1) Change	D		RODRIGO CLAUSEN	4441 North Federal Highway # 104	
X Add				Pompano Beach ,FL 33064	
Remove					
2) Change					
Add					
Remove				*** *** ***	
3)Change					
Add					
Remove					
4) Change		_			
Add				***************************************	
Remove					
5) Change	 -				
Add					
Remove					
6) Change					
Add					
Remove					

'If amending or adding additional Articles, enter change(s) here: (Attach additional sheets. if necessary). (Be specific)	
*	
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<u> </u>	
	<u> </u>
	:
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	;
(if not applicable, indicate N/A)	
ь	
* * * * * * * * * * * * * * * * * * *	

	11/28/2017	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	lopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were acceptation was not required.	lopted by the incorporators without shareholder action and shareholder	
11/2 \$ /201 Dated	7	
	Lully	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Tiago Batista	
	(Typed or printed name of person signing)	
	Incorporator	
	(Title of person signing)	