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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: JF VISITORS INC	j				
DOCUMENT NUM	P17000100873	-				
The enclosed Article:	s of Amendment and fee are st	abmitted for filing.				
Please return all corre	espondence concerning this ma	atter to the following:				
	FLAVIO NASTRINI DELGADO					
	-	Name of Contact Person	1			
	JF VISITORS INC					
		Firm/ Company				
	6825 VISITORS CIRCLE					
	<u></u>	Address				
	ORLANDO, FL 32819					
		City/ State and Zip Cod	<u> </u>			
For further information	on concerning this matter, plea					
Name of Contact Person		at (Area Co) de & Daytime Telephone Number			
Enclosed is a check fo	or the following amount made		·			
S35 Filing 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)			
Mailing Address		Street	Address			
Amendment Section		Amendment Section				
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building				
Tallahassee, FL 32314		2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

JF VISITORS INC (Name of Corporation as currently filed with the Florida Dept. of P17000100873 (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

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.

X Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>SV</u>	Sally Smith			
Type of Action (Check One)	Title	Name	Address		
1) Change	COO	UCHOA, RODRIGO	7021 GRAND NATIONAL DR		
Add			SUITE 106		
X Remove			ORLANDO, FL 328119		
2) Change	CFO	SIMOES BENTO, FLAVIA	AV. FRANCISCO ELICERIO		
Add			1444		
X Remove			CAMPINAS, SP 13012-100 BR		
3.1 Change					
Add					
Remove					
4) Change					
Add					
Remove					
51 Change		_			
Add					
Remove					
6) Change					
Add					
Remove					

If amending or a	lding additional Articles, enter	change(s) here:			
(Attach additional	sheets, if necessary). (Be spec	ific)			
	···				
	•			-	
-	·				 .
		· 			
		 _			
					
	<u> </u>				
				<u>-</u>	
If an amendmen	provides for an exchange, recl	assification, or ca	ncellation of issued	shares.	
(if not appli	plementing the amendment if able, indicate N/A)	not contained in t	<u>ne amendment itsel</u>	<u>[:</u>	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no 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.	s, 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 east for the ame by the shareholders was/were sufficient for approval.	ndment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The followin, 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	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shartion was not required.	narcholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	older
Dated November 14 2018	
	1
Signature/ (By a director, president or other officer – if directors or officers have r	
selected, by an incorporator – if in the hands of a receiver, trustee, or o	
appointed fiduciary by that fiduciary)	
FLAVIO A NASTRINI DELGADO	
(Typed or printed name of person signing)	
CEO	
(Title of person signing)	