P18000003078

(Requ	uestor's Name))
(Addı	ress)	
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(City/	State/Zip/Phor	ne #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	PROSINI, CORP				
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee	are submitted for filing.				
Please return all correspondence concerning the					
	ANGELA MACK				
	Name of Contact Person				
TAN	TAX ACCOUNTING & FINANCIAL SPECIALISTS, LLC				
	Firm/ Company				
	2295 S. HIAWASSEE RD STE 407F				
	Address				
	ORLANDO-FLORIDA 32835				
	City/ State and Zip Code				
	ADMIN@CREATRIXOFFICES.COM				
E-mail address: (to	be used for future annual report notification)				
For further information concerning this matter,	please call:				
ANGELA MACK	at ()				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount m					
■ \$35 Filing Fee ☐\$43.75 Filing Fee Certificate of State	& S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, Fl. 32301

Articles of Amendment

to

Articles of Incorporation of

PROSINI, CORP

(Name of Corporation as current	ntly filed with the Florida Dept. of State)
P1800	00003078
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Lo" I manfinales I
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
	70
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A DEC 7
	30
 If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres 	Iress in Florida, enter the name of the S:
Name of New Registered Agent	·
(Florida su	reet address)
New Registered Office Address:	City: City Code:
ew Registered Agent's Signature, if changing Registered Agent	
hereby accept the appointment as registered agent.—I am familiar v	: with and accept the obligations of the position.
Signature of New R	egistered 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.

Example: \underline{X} Change	<u>PT</u>	John Do	<u>0e</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	P		PROSINI, MARCIO LUIZ	2295 S. HIAWASSEE RD
Add		_		STE 407C, ORLANDO-FL 32835
Remove 2) Change	P		PROSINI NETO, HENRIQUE	Avenida Padre Pereira de Andrade
X Add		_		545 Apt 151 Bloco A
Remove				Boacava- SP 05469-000 BR
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6)Change		_		
Add				
Remove				

. <u>If amendi</u> (Attach <i>ad</i>	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)	
!/A		
<u>.</u>		
<u> </u>		
<u> </u>		
. Ifan an	amendment provides for an exchange, reclassification, or cancellation of	f issued shares.
provisi	isions for implementing the amendment it not contained in the amendment	ent itself:
	if not applicable, indicate N/A)	
N/A		
		
		
<u> </u>		

The date of each amendment(s) ac	doption:	, 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 bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, t	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the amend officient for approval.	ment(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(s	statement ():
	for the amendment(s) was/were sufficient for approval	
by	tvoting group)	
	opted by the board of directors without shareholder action and shareholder	reholder
action was not required.	opted by the incorporators without shareholder action and sharehol	lder
(By a c selection	director, president or other officer – if directors or officers have no ed, by an incorporator – it in the hands of a receiver, trustee, or other ted fiduciary by that fiduciary)	er court
арроп	MARCIO LUIZ PROSINI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	