P18000003148

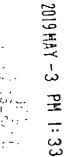
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C. GOLDEN MAY 1 6 2019

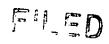
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GOULART GENI	ERAL SERVICES CORP	
	BER: P18000003148		<u> </u>
	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	PAULO GOMES		
		Name of Contact Person	n
	GOMES INSURANCE & A	CCOUTING	
		Firm/ Company	
	129 SW 15TH STREET		
		Address	
	DEERFIELD BEACH FL 33	3441	
		City/ State and Zip Cod	e
PAU	LO@GOMESINS.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
PAULO GOMES		954 at (5311451
Name of Contact Person		Area Code & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



GOULART GENERAL SERVICES CORP

2019 HAY -3 PH 1: 33

(Name of Cornoration as	comments fled with the Florida Dent. of State)
(traine of Corporation as	s currently filed with the Florida Dept. of State)
18000003148	The state of the s
(Document N	Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Status Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendmen
. If amending name, enter the new name of the corpora	ration:
	The new
	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the
Enter new principal office address, if applicable: principal office address MUST BE A STREET ADDRESS	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Manning address MANNING A TOOL OF THEE BOX)	
If amending the registered agent and/or registered of	
new registered agent and/or the new registered office	e address:
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	Florida street address), Florida

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 Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	P	LUKAS LACERDA GOULART	710 WASHINGTON AVE	
X Add			APT 208	
Remove			MIAMI FL 33139	
2) X Change	VP	CLEVERSON GOULART	710 WASHINGTON AVE 8	
Add			APT 208	
Remove			MIAMI FL 33139	
3) Change			_	
Add				
Remove			 	
4) Change				
Add				
Remove				
5) Change	<u> </u>			
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
,	
<u> </u>	
·	
<u> </u>	
f an amandment provides for an each	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
·	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after an	mendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, 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 vo by the shareholders was/were sufficient for approval.	tes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gromust be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient for	
by(voting group)	"
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sharel action was not required.	holder action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholde action was not required. O5/01/2019 Dated Signature (By a director, president or other office) – if director selected, by an incorporator – if in the hands of a reappointed fiduciary by that fiduciary)	rs or officers have not been
CLEVERSON GOULART	
(Typed or printed name of persor	n signing)
PRESIDENT	
(Title of person signi	ne)