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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: JUST CAROB CO	ORP		
DOCUMENT NUMI	P18000005335			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	ODIJAS CAMINHA			
		Name of Contact Perso	n	
	OGC ASSOCIATES PA			
		Firm/ Company		
	3275 W HILLSBORO BLVI	• •		
		Address		
	DEERFIELD BEACH, FL 3.			
		City/ State and Zip Cod	le	
OGC	@OGCASSOCIATES.COM		./	
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	,954	708-2817	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State;	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			Address	
	endment Section sion of Corporations	Amendment Section		
	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

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(Name of Corporation as curre	ntly filed with the Florid	a Dept. of State)	
P18000005335			
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis <i>Florida Profit Corpora</i>	tion 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 "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	r "Co". A professional c	ncorporated" or the abi	The new breviation ontain the
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			90
	· · · · · · · · · · · · · · · · · · ·		
C. Enter new mailing address, if applicable:			با هـ ا
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	··· =		<u> </u>
			<u> </u>
			. .
			
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr		ne name of the	
	-		
Name of New Registered Agent			
(Florida	street address)		
	sireer addressy		
New Registered Office Address:	(City)	, Florida (Zip Co	nda)
	(0.0)	(Eq. Co	лису
New Registered Agent's Signature, if changing Registered Age			
I hereby accept the appointment as registered agent. I am familia	ir with and accept the obli	gations of the position.	
Signature of New	v Registered Agent, if char	ging	

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; CE() = 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 J</u>	John Doe	
X Remove	<u>v</u> <u>N</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	CORDEIRO, CARLOS MARCELO	3590 COCO LAKE DR
X Add			COCONUT CREEK, FL
Remove			33073
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary),	icles, enter change(s) here: (Be specific)
	
	
	
<u> </u>	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares.
provisions for implementing the amer	ndment if not contained in the amendment itself:
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
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provisions for implementing the amer	ndment if not contained in the amendment itself:

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 document's effective date on the I	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were are by the shareholders was/were:	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided for	oproved by the shareholders through voting groups. The following statemen or each voting group entitled to vote separately on the amendment(s):	•
"The number of votes can	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
April, 03t Dated		
Signature	full- Seiro	
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 need fiduciary by that fiduciary)	
	CARLOS MARCELO CORDEIRO	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	

*