P18000008642

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HOPE INVESTMENT	MENTS USA CORP	
DOCUMENT NUMBER: P18000008642		··
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
RUBENS TEIXEIRA DE S	SOUZA	
	Name of Contact Person	1
HOPE INVESTMENTS U	SA CORP	
	Firm/ Company	
587 E SAMPLE RD SUITI	E 400	
	Address	
POMPANO BEACH, FL 3	33064	
	City/ State and Zip Code	2
rubensteixeira@protonmail	l.com	
E-mail address: (to be	used for future annual report	notification)
For further information concerning this matter, ple	ease call:	
RUBENS TEIXEIRA DE SOUZA	at (_) 349-8865
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount mad	de payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	-	☐\$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 The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation

HOPE INVESTMENTS USA CORP

(Name of Corporation as currently filed with the Florida Dept. of State)
P18000008642
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendments Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
Pegasus Investments Brasil Corp
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)
دري ريس
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
(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:, Florida
(City) (Zip Code)
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
Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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> <u>Jo</u>	ohn 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	RUBENS TEIXEIRA DE SOUZA	587 E SAMPLE RD SUITE 400
x Add			POMPANO BEACH, FL 33064
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		AAAAAA	
Add			11-11-11-11-11-11-11-11-11-11-11-11-11-
Remove			<u>-</u> -
6) Change			
Add			
Remove			

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)	es,
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	August 26th, 2020	if other than th
The date of each amendment(s) a late this document was signed.	doption:	, if other than th
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the D	block does not meet the applicable statutory filing requirements, this date wile epartment of State's records.	ll not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without shareholder action and	d shareholder
The amendment(s) was/were ad- by the shareholders was/were so	opted 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 each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by RUBENS TEIXEIRA	DE SOUZA, President	
<u> </u>	(voting group)	
8/26/2020		
Dated		
6'	((S) 5	
Signature(By a d	lirector, president or other officer - if directors or officers have not been	
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	RUBENS TEIXEIRA DE SOUZA	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	•