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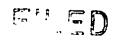
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MU COMMUNIC	ATIONS CORP	
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
;	UBIRATAN A. DA SILVA		
-		Name of Contact Person	n
-		Firm/ Company	
•	6454 MARKUT LIME DR.		
-	-	Address	.
	WINTER GARDEN, FL, 34	787	
-		City/ State and Zip Cod	e
SILVA	A.UBIRATAN@YAHOO.CO	DM.BR	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
UBIRATAN A. DA SILVA 407 724-5640			
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 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)
Ame Divis P.O.	ing Address Indiment Section Issued of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations i Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



MU COMMUNICATIONS, CORP			0 04 1.0
(Name o	of Corporation as currently	filed with the Florida Dept. of State)	प्रतास्तु
P18000015784			,
<u></u>	(Document Number of C	Corporation (if known)	The second
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts the following am	nendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
		The	e new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	aation "Corp," "Inc," or "C	" "company," or "incorporated" or the abbre o". A professional corporation name must contact. A."	viation ain the
R Enter new principal office address	if applicable:	6454 MARKRUT LIME DR.	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		WINTER GARDEN, FL, 34787	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SAME AS ABOVE	.
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name of the	
Name of New Registered Agent	UBIRATAN A DA SILVA		
Name of New Registered Agent	6454 MAKRUT LIME DR.		
	(Florida stree	et address)	
New Registered Office Address:	WINTER GARDEN	34787 , Florida	
New Registered Office Address.	((City) Zip Code	
New Registered Agent's Signature, if c I hereby accept the appointment as registered.		th and accept the obligations of the position.	
Hu	en Aug 5		
	Signature of New Re	gistered 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: 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	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	UBIRATAN A. DA SILVA	6454 MARKUT LIME DR.
Add			WINTER GARDEN, FL, 34787
Remove			
2) X Change	VP	MARCIO R. FONSECA	6982 MAPPERTON DR.
Add			WINDERMERE, FL, 34786
Remove			
3) Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	 		
Add			
Remove			

Atta	nending or adding additional Articles, enter change(s) here: ch additional sheets, if necessary). (Be specific)
fan	amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	visions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)

	08/14/2019	
The date of each amendment		, if other than the
date this document was signed		
	08/14/2019	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this can be be be be be better that the best of the bes	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.	t(s)
	re approved by the shareholders through voting groups. The following states and for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
bv	n e	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and sharehol	der
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
08/14	72019	
Dated		
	1:	
Ç:	48	
Signature	by a director, president or other officer – if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other co	
	opointed fiduciary by that fiduciary)	, contract the contract to the
aj	pointed indiciary by that indiciary)	
	UBIRATAN A. DA SILVA	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	