## P15000035796

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	GORO BIANCO AS	SSETS MANAGI	EMENT,I	NC
DOCUMENT NUMBER: P				
The enclosed Articles of Amer		ibmitted for filing.		
Please return all corresponden	ce concerning this ma	tter to the following	ng:	
NEUZ/	CESAR			
		Name of Cont	act Persoi	n
ATPLU	S OF MIAMI INC			
<del></del>		Firm/ Con	npany	
3650 N	W 82 AVE SUITE 4	U4		
		Addre	ss	
DORAI	_,FL,33166			
		City/ State and	Zip Cod	e
NEUZACES,	AR@YAHOO.COM			
E-1	nail address: (to be u	sed for future annu	al report	notification)
For turther information concer	ning this matter, pleas	se call:		
NEUZA CESAR		30 at (	5	4063800
Name of Conta	et Person	at (305 ) 4063800  Area Code & Daytime Telephone Number		de & Daytime Telephone Number
Enclosed is a check for the following	owing amount made	payable to the Flo	rida Depa	artment of State:
	43.75 Filing Fee & certificate of Status	□\$43.75 Filing Certified Cop (Additional ed enclosed)	у	☐\$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 xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

ORO BIANCO ASSETS. MANAGEMENT, INC.

(Name	of Corporation as currently I	filed with the Florida Dept, of St	ate)	
P18000035796				
	(Document Number of C	orporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this Fl	orida Profit Corporation adopts th	he following amen	dment(s) t
A. If amending name, enter the new na	me of the corporation:			
			The	леш
name must be distinguishable and con "Corp" "Inc.," or Co.," or the design word "chartered." "professional associa	ation "Corp," "Inc," or "Ce	". A professional corporation n	or the abbrevia ame must contain	tion the
B. Enter new principal office address, (Principal office address MUST BE A S				_
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		ï	2018 HAY 14 SECRETARY TALLAHASSI	- - - - - -
D. If amending the registered agent an new registered agent and/or the new		s in Florida, enter the name of th	er sta	_M_
Name of New Registered Agent	CELIO EGIDO NUNES		Ord 🙀	
	(Florida street 1950 NW 93 AVE. DORA		~ ~ 1 ~ ~ ~	
New Registered Office Address:	<del></del>	in)	da	_
,	(0.	··/	(zip conc)	
New Registered Agent's Signature, if clip thereby accept the appointment as regist	ered agent. Lam familiar with	h and accept the obligations of the	position,	

## 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>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
_X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	PAULO CASSEB	1950NW 93 AVE
Add			DORAL,FL,33172
X Remove			<del></del>
2) Change	P	CELIO EGIDO NUNES	1950NW 93 AVE
X Add			DORAL,FL,33172
Remove			<del></del>
3 ) Change			<u> </u>
Add			
Remove			
4) Change			_
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
,	
f an amendment provides for an exch	tange, reclassification, or cancellation of issued shares,
provisions for implementing the amed (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
<del></del>	

The date of each amendment(s) addate this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the Do	plock does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment of ficient for approval.	મ(૪)
☐ The amendment(s) was/were approvided for	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	rment
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	lder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
05/09/2 Dated Signature	aufo (usi)	
(By a d selecto	irector, president or other officer – if directors or officers have not been done in incorporator – if in the hands of a receiver, trustee, or other content of fiduciary by that fiduciary)	en ourt
	PAULO CASSEB	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	