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SECRETARY OF STATE, TALLAHASSEE, FLORIDE,

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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ORO BIANCO AS	SSETS MANAG	SEMENT,	INC	
DOCUMENT NUMB					
	of Amendment and fee are su	bmitted for filing			
Please return all corres	pondence concerning this ma	tter to the follow	ng:		
	NEUZA CESAR				
-		Name of Con	tact Person)	
	ATPLUS OF MIAMI INC				
		Firm/ Co	mpany		
	8180 NW 36 ST SUITE 4	07			
•	Address				
	DORAL,FL,33166				
•		City/ State an	d Zip Code	2	
NEUZ	ACESAR@YAHOO.COM				
	E-mail address: (to be us		ual report	notification)	
For further information	concerning this matter, pleas	se call:			
NEUZA		7 at (86	4202909	
Name o	f Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Flo	orida Depa	rtment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filin Certified Co (Additional c enclosed)	ру	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			Street	Address	
Ame	Amendment Section				
Divis	Division of Corporations				
P.O.	Clifton Building				
Talla	2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ORO BIANCO ASSETS MANAGEMENT, INC

(Name of Corporation as currently filed with the Florida Dept. of State)	
P18000035796	
(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:	:nt(s) to
A. If amending name, enter the new name of the corporation:	
The new	
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."	i
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILEL
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:	
Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Signature of New Participal 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 hold. 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)	<u>Title</u>	Name	Address
1) Change	S	PAULO CASSEB	1950 NW 93 AVE
X Add	_		DORAL,FL.33172
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)
•	
 	
	
·	change, reclassification, or cancellation of issued shares,
an amendment provides for an exci-	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	Chances is not contained in the amendment state.
()	
· <u></u>	

The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendme by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
06/14/2018	
Dated	
Signature (By director, president or other officer – if directors or officers have not be	
selected, by an incorporator – if in the hands of a receiver, trustee, or other c	
appointed fiduciary by that fiduciary)	our c
CELIO EGIDO NUNES	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	