## P15000019192

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## COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Universo Delas Corp NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: arolina 19mes 600 5 Federal Hwy ste 207 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filling Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

to

Articles of Incorporation

of	
Universo Delas C	orp
	filed with the Florida Dept. of State)
P18000049792	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation 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 "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	," "company," or "incorporated" or the abbreviation 'o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	7356 Viocaya Cir
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	7356 Viocaya Gr Margate - Pc 33063
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7356 Viscaya Cir
	7356 Viscaya Cir Margate - ri 33063
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent	
(Florida stre	et uddress)
N. D. 1. 10fc. M.	PLG G
New Registered Office Address:	City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the position.
Signature of New Re	egistered 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: N_Change	PT John D	<u>o</u> e	
X Remove	<u>V</u> <u>Mike J</u>	ones	
$\underline{X}$ Add	<u>SV</u> <u>Sally S</u>	mith	
Type of Action (Check One)	<u>Tride</u>	Name	Address
1) Change	<u> </u>	Janaina Carneiro J Lu	av 7777 Glades Rd
Add Remove			av 7777 Glades Rd 5k 100 Buca. Raton, FC 33434
2) Change Add	<u>vf</u>	Douglas de Almeida. Roberto	7356 Viscaya Gir Margate-A 33063
Remove 3 + Add	_1_	Viviane de Soura Pereira	7356 Viscaya GY Margate, Fl 35063
Remove			
Add			
5) Change			
Remove			
6) Change		<del></del>	
Remove			

Attach additional she	ng additional Article rets, if necessary). (	<u>:s, enter enangets)</u> (Be specific)	<u>nere</u> :		
. 1					
N/H					
		<del></del> -			
			<del></del>		
	•••				<u>.</u>
<u>lf an amendment p</u> r	ovides for an exchar	<u>ige, reclassificatio</u>	n, or cancellation	of issued shares,	
	ementing the amend le, indicate N/A)	lment if not contai	ined in the amend	ment <u>itself:</u>	
NA	· · · · · ·				
					***************************************
		<del></del>			
			4		
			****		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<del></del>
(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 date wildocument's effective date on the Department of State's records.	Il not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east 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.	
Dated $08/30/20/8$	
Signature Nuliane de Souxa Perevea	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
<u>Viviane de Souza Pereira</u>	
(Typed or printed name of person signing)	
President	
(Title of person signing)	