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To:

Division of Corporations

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From:

Account Name : RCA ACCOUNTING SERVICES CORP

Account Number : I20180000102

: (305)406-38<del>00</del>

Fax Number

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN SLN GROUP CORP

Certificate of Status	0
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DEC 04 2018

S. YOUNG

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## Articles of Amendment to Articles of Incorporation

	of		
SLN GROUP CORP			
(Name of Corporation	on as correndy filed with the Florid	a Dept. of State)	
P18000050503		·	
(Docum	eent Number of Corporation (if known	))	<del></del>
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corpora	ution adopts the following amend	ment(s) to
A. If amending name, enter the new name of the co	rporation:		
		The n	ew
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the designation of the designati	" "Inc," or "Co". A professional of	incorporated" or the abbreviati	OR
B. Enter new principal office address, if applicable	•	<b>⊼</b> 83	₹
(Principal office address MUST BE A STREET ADD	RESS)	-2	
		<u> </u>	- EG -T
			_ [ ]
C. Enter new mailing address, if applicable:		in -	-ω ¦
(Mailing address MAY BE A POST OFFICE BO)	X)	• नि. मा	<b>≩</b> (
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D. If amending the registered agent and/or register new registered agent and/or the new registered.	ed office address in Florida, enter t	he name of the	
new registered them and of the new resistered	office address:		
Name of New Registered Agent		···-	
	(Florida street address)		
New Registered Office Address:		, Florida	
THE PARTY OF THE P	(City)	(Lip Code)	_
•			
New Registered Agent's Signature, if changing Reg	istered Agent:		
I hereby accept the appointment as registered agent.	I am familiar with and accept the obl	igations of the position.	
			,
			•
<u> </u>		<del></del>	
Signi	ature of New Registered Agent, if cha	ពន្ធភេឌ	

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>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1)Change	VP	CARLOS S SANTOS DA SILVA	5835 MW 104 PATH
XX Add		·	DORAL, FL 33178
Remove			
2) Change	<u>T</u>	MICHAEL FONSECA	5835 MW 104 PATH
XX Add			DORAL, FL 33178
Remove			
3) Change	S	JOAO A CALEGANIO VIEIRA	5835 MW 104 PATH
XX Add			DORAL, FL 33178
Remove			
4) Change		<del>-</del>	
Add		·	
Remove			
5) Change ·			
Add			
Remove			
6) Change	-		
Add			
Remove			

	sheets, if necessary). (Be specific)
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	<del>.</del>
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	<u> </u>
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an amendme	nt provider for an exchange, reclassification, or cancellation of issued shares, implementing the amendment if not contained in the amendment trails
<u>rovisions for </u>	nt provides for an exchange, reclassification, or cancellation of issued shares, implementing the amendment if not contained in the amendment itself: licable, indicate N/A)
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ravisions for (if not appo	implementing the amendment if not contained in the amendment itself:  licable, indicate N/A)
rovisions for (if not appo	implementing the amendment if not contained in the amendment itself:
(if not app	implementing the amendment if not contained in the amendment itself:  licable, indicate N/A)

:	11/28/2018	
The date of each amendment(s) a	doption:	, 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 document's effective date on the D	block does not meet the applicable statutory filing requirements, this date vepartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	copted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
The amendment(s) was/were ap	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
·	(voting group)	
action was not required.	lopted by the board of directors without shareholder action and shareholder lopted by the incorporators without shareholder action and shareholder	
11/28/201 Dated	8	
Signature	Thomas Hours	
	director, president or other efficer - if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
	nted fiduciary by that fiduciary)	
	LEONARDO BISCAIA	
	(Typed or printed name of person signing)	
	P	
	(Title of person signing)	