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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TURMALINA CO	RPORATION	
DOCUMENT NUMB	ER: P18000053838		. <u></u>
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	SIMONE PALMA		
-	·	Name of Contact Persor	1
	AMERICA EXPERT LLC		
-		Firm/ Company	_
	409 NW 10TH TERRACE		
-	<u> </u>	Address	
	HALLANDALE BEACH, F	L 33009	
•		City/ State and Zip Cod	e
admin	fin@americaexpert.com		
	•	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Simone Palma		at (³⁰⁵	824-9100 de & Daytime Telephone Number
Name o	f Contact Person	Area Co	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 Ision of Corporations Box 6327 Ishassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TURMALINA CORPORATION

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P18000053838	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	Section 1991
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Maining duaress MAT BL ATOST QUITEL BOA)	
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office addres	
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	••
I hereby accept the appointment as registered agent. I am familiar	
Signature of New	Registered 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> <u>John</u>	<u> Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Preside	ALBERTO MENGEL COSTA	409 NW 10TH TERRACE
Add			HALLANDALE BEACH
Remove			FL 33009
2) Change	MGR	MGS Admin de Bens e Direitos LTD	R Firmino de Vasconcelos 46 sl 01
Add			Ponta da Terra, Maceio, AL
X Remove			57.030-680
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			-
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
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f	nange, reclassification, or cancellation of issued shares,
i an amendment broxides for an excu	range, recrassification, or cancenation or issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
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The date of each amendment(s) adopted date this document was signed.	DR:	, 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 document's effective date on the Department.	does not meet the applicable statutory filing requirements, thinent of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment for approval.	int(s)
☐ The amendment(s) was/were approved must be separately provided for each	by the shareholders through voting groups. The following state voting group entitled to vote separately on the amendmentiss:	ement
"The number of votes east for the	e amendment(s) was/were sufficient for approval	
.v	(voting group)	
The amendment(s) was/were adopted it action was not required.	by the board of directors without shareholder action and shareholder	older
The amendment's) was/were adopted buction was not required.	by the incorporators without shareholder action and shareholder	
08/28/2018 Datec	· ·	
Signature	Ente trugel box.	
By a director	president or other officer - if directors or officers have not be	en
selected, by a appointed fid	in incorporator if in the hands of a receiver, trustee, or other cuciary by that fiduciary)	ourt
ALBI	ERTO MENGEL COSTA	
	(Typed or printed name of person signing)	
Direc	tor	
 -	(Title of person signing)	