P180000 62393

(R	equestor's Name)		
(A	ddress)		
(A	ddress)		
(C	City/State/Zip/Phone	#)	
. PICK-UP	☐ WAIT	MAIL	
· (B	Business Entity Nam	e)	
(C	Occument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
<u></u>			

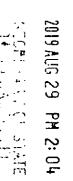
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: INFINIBUY IMPO	ORT AND EXPORT COR	RP
DOCUMENT NUM	BER: P18000062393		
	s of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	GLAUCIA BASTOS		
		Name of Contact Perso	n
	THE TRUST CIRCLE SEF		
		Firm/ Company	
	1001 EAST SAMPLE ROA	ND 10E	
•	· · · · ·	Address	
	POMPANO BEACH FLOR	RIDA 33064	
•		City/ State and Zip Cod	e
ATE	NDIMENTO@THETRUSTO	CIRLCLE.INFO	
	E-mail address; (to be u	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
GLAUCIA BASTOS	5	954 at (8647884
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

INFINIBUY IMPORT AND EXPORT CORP

(Name	of Corporation as currently	filed with the Florida Dept. of	State)	
P18000062393				
	(Document Number of t	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	Torida Profit Corporation adopt	ts the following amen	dment(s) to
A. If amending name, enter the new na	ime of the corporation:			
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corporation		ttion
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			9109	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			AUG 29 PM 2	
D. If amending the registered agent an new registered agent and/or the new	id/or registered office addre w registered office address:	ss in Florida, enter the name o	of the	
Name of New Registered Agent	GLAUCIA BASTOS			
	1001 EAST SAMPLE RO	AD 10E		
	(Florida stree	21 address)		
New Registered Office Address:	POMPANO BEACH		33064 orida	_
	(6	City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the obligations of	the position.	
	Alauna G	2347		
	Signature of New Re	gistered 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= Trustec; 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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Diogo G Rosa	3451 NW 14TH AVE APT 18
Add			POMPANO BEACH FL 33064
. X Remove			
2) Change	VC	Glaucia J De Angelo Requino	3451 NW 14TH AVE APT 18
Add			POMPANO BEACH FL 33064
X Remove			
3) Change	Р	JOSE NELSON ROSA	3451 NW 14TH AVE APT 18
X Add			POMPANO BEACH FL 33064
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>addit</i>	tional sheets, if necessary	j. (Be specific)			
				 	
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		<u> </u>	<u></u>		
					<u> </u>
provisions	Iment provides for an every for implementing the arapplicable, indicate N.A.)	mendment if not co	cation, or cancella ontained in the am	tion of issued shar nendment itself:	<u>es,</u>
			7.1.1		
				10.	

The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> : tho more than 90 days after amendment fil	e date)
Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	rements, this date will 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 by the shareholders was/were sufficient for approval.	he amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The formust be separately provided for each voting group entitled to vote separately on the ame	ollowing statement indinent(s):
"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 action was not required.	and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	shareholder
Dated Signature (By a director, president of other officer – if directors or officers selected, by an incorporator – if in the hands of a receiver, truste appointed fiduciary by that fiduciary)	
DIOGO G ROSA	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)