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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: JF BLACK LAK	(E INC		
DOCUMENT NUMB	P18000067957			
The enclosed Articles of	of Amendment and fee are su	abmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	FLAVIO NASTRINI DEL	GADO		
	Name of Contact Person			
	JF BLACK LAKE INC			
		Firm/ Company		
	6825 VISITORS CIRCLE			
•	Address			
	ORLANDO, FL 32819			
		City/ State and Zip Cod	e	
For further information	E-mail address: (to be used to be			
		at (de & Daytime Telephone Number	
	of Contact Person the following amount made			
S35 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amenc Divisio Clifton	Address Iment Section on of Corporations i Building Executive Center Circle	

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

JF BLACK LAKE INC

JI BEACK LAKE INC		
<u></u>	filed with the Florida Dept. of State)
P18000067957		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Iorida Profit Corporation adopts the f	ollowing amendment(s) t
A. If amending name, enter the new name of the corporation:		
		<i>The new</i>
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name	
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)		7210 AUS
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	2 MH 10: 25
Name of New Registered Agent		
(Florida stree	t address)	
New Registered Office Address:	, Florida_	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the po	sition.
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 = 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 Doc 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> <u>Jo</u>	ohn Doc	
X Remove	<u>v</u> <u>n</u>	tike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PDST	Nastrini Delgado, Flavio Augusto	Av.Leonor Furlaneto Delgado
Add			Pocos De Caldas-MG
Remove			37710-300. BR
21 Change	D	Flavio Antonio C.Araugo Cancado	Av.Leonor Furlaneto Delgado
Add			Pocos De Caldas-MG
x Remove			37710-300, BR
3) Change	D	JoseFranciscoCDeAraijoCancado	Av.Leonor Furlaneto Delgado
Add			Pocos De Caldas-MG
X Remove			37710-300, BR
X Change	CFO	Simoes Bento, Flavia	6825 Visitors Circle
Add			Orlando, FL 32819
Remove			
5) Change	coo	Uchoa, Rodrigo	6825 Visitors Circle
<u>x</u> Add			Orlando, FL 32819
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	. (Be specific)
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<u> </u>	
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
	endment if not contained in the amendment itself:
provisions for implementing the amo	
provisions for implementing the amount (if not applicable, indicate N/A)	
provisions for implementing the amo	

The date of each amendment(s) add date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file o	late)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirer artment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ited by the shareholders. The number of votes east for the ficient for approval.	amendment(s)
	oved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amend	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
The amendment(s) was/were adopted action was not required.	oted by the board of directors without shareholder action a	nd shareholder
☐ The amendment(s) was/were adoptaction was not required.	nted by the incorporators without shareholder action and sl	nareholder
/	Aug 13, 2018	
Dated	703/2013	(
Simurum		$>$ \cdot
selected	rector, president or other officer – if directors or officers h, by an incorporator – if in the hands of a receiver, trustee, d fiduciary by that fiduciary)	
/ F	FLAVIO A NASTRINI DELGADO	
	(Typed or printed name of person signing)	
F	PRESIDENT	
-	(Title of person signing)	-

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