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C. GOLDEN

OCT 2 5 2018

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: LLE CAPRICCIO SERVICES, CORP DOCUMENT NUMBER: P1800004771 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **GLAUCIA BASTOS** Name of Contact Person TRUST CIRCLE SERVICES, LLC Firm/ Company 1001 EAST SAPLE ROAD 10E Address POMPANO BEACH FLORIDA 33064 City/ State and Zip Code ATENDIMENTO@THETRUSTCIRCLE.INFO E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **GLAUCIA BASTOS** Area Code & Daytime Telephone Number Name of Contact Person 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 Filing Fee &: □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahussee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2018 OCT 16 AM 10: 14

LLE CAPRICCIO SERVICES, CORP

(Name of Cornoration as curren	ully filed with the Florida Dept. of State TALL AHASSE		
18000074771	TALLAHASSE		
(Document Number	of Corporation (if known)		
rsuant to the provisions of section 607.1006. Florida Statutes, thi Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment		
If amending name, enter the new name of the corporation:			
	The new		
ne must be distinguishable and contain the word "corporate orp." "Inc." or Co" or the designation "Corp." "Inc." or d "chartered." "professional association," or the abbreviation	"Co" A professional corporation name must contain the		
Enter new principal office address, if applicable:	212 2ND STREET		
incipal office address <u>MUST BE A STREET ADDRESS</u>)	HALLANDALE FLORIDA 33009		
Enter new mailing address, if applicable:	212 2ND STREET		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	HALLANDALE FLORIDA 33009		
If amending the registered agent and/or registered office ad-	dress in Florida, enter the name of the		
new registered agent and/or the new registered office addre			
Name of New Registered Agent	.,		
(Florida s	street address)		
New Registered Office Address:	Florida		
	(Zip Code)		
w Registered Agent's Signature, if changing Registered Ager			
reby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.		
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: \underline{X} Change	<u>PT</u>	John De	<u>r.</u>		
X Remove	Y	Mike <u>Jo</u>	nes		
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>		
Type of Action (Check One)	Title		<u>Name</u>		Address
1) Change				•	
Add					
Remove					
2) Change		_			
Add					
Remove					
3.) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change					
Add					
Remove					

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
·····	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares.
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N A)	

08/24/2018	
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
Effective date <u>if applicable:</u> (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 dat document's effective date on the Department of State's records.	e 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 cast 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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	m
"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 shareholde action was not required.	г
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
09/20/2018	
Signature	
(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 courappointed fiduciary by that fiduciary)	ι
LEISE DE ALMEIDA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	