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COVER LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations MARINA SIQUEIRA MORAIS INC PIBODOOT8603 NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NARNA SIQUEIRA M Name of Contact Person MSMO INC.
Firm/ Company 801 S. MIAMI AVE: #3108

Address

MIAMI FL 35130

Cityl State and Zip Code MARINAMORAIS89@ HOTMAIL, COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fee & ☐\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certifled Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address

Amendment Section

Clifton Building

Division of Corporations

Tallahassco, FL 32301

2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation of

FILED

MARINA SIQUEIRA	MORAIS INC MI JUL 16 P 3 39
(Name of Corporation as currently f	iled with the Florida Dept. of State) 2 Fix TARY OF STATE
P120000	78603 TALLANTISEE. FLORIE
(Document Number of C	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Statutes, the Flo	orida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation;	MSMO INC. The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.	", A professional corporation name must contain the
B. Enter new principal office address, if applicable;	BOI. S. MIAMI AVE
(Principal office address MUST BE A STREET ADDRESS)	#3108
	MIAMI, FL 33130
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	801 S. MYAMI AVE
	#3108
	MANU, FL 33130
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the
Name of New Registered Agent	NA
(Florida street	address)
New Registered Office Address: (Ci	W A Plorida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	
N/-	istered Agent, if changing
Signature of New Reg.	istered 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.

X.Change	PI	John Doe	
X Remove	Y	Mike Iones	
_X Add	SY	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change		<u> </u>	
Add			
Remove			
2) Change			
Add			
Remove		•	
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change		- 114	
Add			
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If amending or adding additional A (Attach additional sheets, if necessary	rticles, onter change(s)). (Be specific)	W√Ð	
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	·····		
If an amendment provides for an expressions for implementing the as (if not applicable, indicate N/A)	rchange, rechasification mendment if not contain	n, or cancellation of issued shares, ned in the amendment itself:	
			

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Reflective date is applicable: (no more than 90 days after amendment file date)	
(no more trius so unto unionament ino unio)	
Note: If the date inserted in this block does not meet the applicable statutory filling requirements, the document's effective date on the Department of State's records.	is date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	nent(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s)	atement :
"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 and share action was not required.	holder
The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	cr
Dated	
Signature Maruna Sigueura Morais	
(By a director, president or other officer - if directors or officers have not selected, by an incorporator - if in the hands of a receiver, trustee, or other	besn r court
appointed fiduciary by that fiduciary)	
MARINA SIQUEIRA MORI	445
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	