# P18000079448

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: STERLING INV	ESTMENTS HOLDINGS GROUP INT LIMITADA PA			
DOCUMENT NUMBER: P18000079448				
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this n	natter to the following:			
RAYONDA WILLIAMS				
	Name of Contact Person			
PERFECT CIRCLE GROP				
<del> </del>	Firm/ Company			
1221 BRICKELL AVE, SU	JITE 900			
	Address			
MIAMI, FL 33131				
	City/ State and Zip Code			
RW@PERFCIRCLEWW.COM				
E-mail address: (to be	used for future annual report notification)			
For further information concerning this matter, ple	ease call:			
RAYONDA WILLIAMS	at ( <u>305</u> ) <u>995-8255</u>			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made	e payable to the Florida Department of State:			
\$35 Filing Fee \$\times \text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 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			

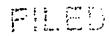
### Articles of Amendment

## to

## Articles of Incorporation

of .

#### STERLING INVESTMENTS HOLDINGS GROUP INT LIMITADA PA



(Name of Corporat	tion as currently filed with the Florida Dept. of State)
P18000079448	2019 八年 22 日19 日4
(Docu Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	timent Number of Corporation (if known)  ALLAIASSEE, FLORIDA  da Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the c	corporation:
	The new ord "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the e abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>OX</u> )
D. If amending the registered agent and/or registenew registered agent and/or the new registered	ered office address in Florida, enter the name of the doffice address:
Name of New Registered Agent	
<del></del>	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered agent.  I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligations of the position.
Sign	nature 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>	John Doe						
X Remove	<u>V</u>	Mike Jones						
X Add	<u>şv</u>	Sally Smith						
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s					
I) Change	S	CYNTHIA ANDRADE	5550 GLADES ROAD					
Add			SUITE 200					
X Remove			BOCA RATON, FL 33431					
2) Change	S	RAYONDA WILLIAMS	1221 BRICKELL AVE					
X Add			SUITE 900					
Remove			MIAMI, FL 33131					
3) Change	<del></del>							
Add								
Remove								
4) Change								
Add								
Remove								
5) Change								
Add								
Remove								
6) Change								
Add								
Remove			—					

mudell <i>aa</i>	lditional she	ets, if necess	ary). (Be	specific)					
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provision	ns for imple	ovides for an ementing the	<u>amend</u> mei	<u>reclassing</u> at if not co	ation, or ca ntained in t	ncellation o he amendm	<u>r issued sna</u> ent itself:	res,	
(if no	ot applicable	e, indicate N	(A)						
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The date of each amendment(s) adoption:, if other the date this document was signed.	an the
Effective date if applicable:	
(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 date will not be listed document's effective date on the Department of State's records.	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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
04/17/2019 Dated	
Signature ( MC/11/16/16/18/16/18	
(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 court appointed fiduciary by that fiduciary)	
CYNTHIA ANDRADE	
(Typed or printed name of person signing)	
SECRETARY	
(Title of person signing)	