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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: BP The ROCK INC DOCUMENT NUMBER: <u>P1800083757</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Pocer C be Oliveiro Firm/ Company lake brive APT41 City/ State and Zip Code SENT O OUP INSURANCE. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: 835 Filing Fee □\$43.75 Filling Fee & □S43.75 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

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation

of			
AP THE ROCK INC			
(Name of Corporation as currently filed with the	Florida Dept. of State)		
P18000083757			
(Document Number of Corporation (it	'known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit</i> Cits Articles of Incorporation:	Corporation adopts the follow	wing amendr	ment(s) t
A. If amending name, enter the new name of the corporation:			
		The ne	-
name must be distinguishable and contain the word "corporation," "company, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professword "chartered," "professional association," or the abbreviation "P.A."			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	خ.	·	-
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		2	71
		م.	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	•		[F]
		ķ	_
		<b></b>	-
			=
D. If amending the registered agent and/or registered office address in Florida,	enter the name of the		
new registered agent and/or the new registered office address:			
Name of New Registered Agent			
(Florida street address)		•	
	***		
New Registered Office Address: (City)	, Florida Ø	Zip Coder	_
·			

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. Tam familiar 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.

X Change	<u> </u>	John Doe	
X Remove	$\underline{Y}$	Mike Jones	
X Add	$\underline{SV}$	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3.) Change			
Add			<del></del>
Remove			
4) Change		<del>.</del>	
Add			
Remove			
51 Change			
Add			<del></del>
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Article VII  Rogeria C DE Oliveira - Wrong  Change to  Roger c De Oliveira.
Romerica C DE Oliveiro - LUCONO
Change to
Charge o
Roger C LE OLIVEITCE
· · · · · · · · · · · · · · · · · · ·
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:  (If not applicable, indicate N/A)

The date of each amendment(s) adoption: _November, 05/2018, if other than the date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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)
☐ 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.
Dated
Signature  (By a director, president or 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 tiduciary)
appointed indicately by that indicately is
Roser Carlos De Oliveira
(Typed or printed name of person signing)
(Title of person signing)