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TO: Amendment Section

Division of Corporations

Tallahassee, Fl. 32314

NAME OF CORPORATION: ____ P18000091014 DOCUMENT NUMBER: 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 SAMPLE ROAD 10E Address POMOANO 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; at (954) 2459123

Area Code & Daytime Telephone Number **GLAUCIA BASTOS** 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

> 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ı	\Box	CEDY	ACEC	CORP
		>FK1	/11	1.1.17

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P18000091014	med with the Frontia Dept. of State)
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	Co". A professional corporation name must contain the
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)	
(minute)	- 3 - 3
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
tFlorida su	reet uddress)
New Registered Office Address:	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	<u>:</u> with and accept the obligations of the position.
Signature of New I	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.

E vample: <u>X</u> Change	<u>PT </u> <u>J</u>	l <u>ohn Doe</u>	
X Remove	<u>V</u> . 2	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	CAROLINE C GOMES LIMA	10411 BOCA SPRINGS DRIVE
X Add			BOCA RATON, FL 33428
Remove			
X 2) Change	VP	MARCIO O LIMA	10411 BOCA SPRINGS DRIVE
Add			BOCA RATON, FL 33428
Remove			
3) Change			
Add			
Remove			•
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·

Attach additional sheets, if necessary).	(Be specific)	
		V
		· · · · · · · · · · · · · · · · · · ·
		1
	4	
f an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or canci idment if not contained in the	amendment itself:
(if not applicable, indicate NA)		

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		·
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bidocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this dat partment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were sul	pted by the shareholders. The number of votes east for the amendment(s ficient for approval.)
	roved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	nı
"The number of votes east	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
■ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholde	r
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	12018 1200 0 LIMA rector, president or other officer if directors or officers have not been	
Signature	ARCIO O LIMA	
selected	rector, president or other officer if directors or officers have not been f, by an incorporator if in the hands of a receiver, trustee, or other cour ed fiduciary by that fiduciary)	t
	MARCIO O LIMA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	