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MAR 16 2019 CINCHAIR

COVER LETTER

		COVER LETTER	*	Clia Ha o Participa
TO: Amendment Secti Division of Corpo				100 PM
NAME OF CORPOR	ATION: C4 SCIENCES C	ORP		2
DOCUMENT NUMB				
	of Amendment and fee are su	abmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	PAULA DE SOUZA GOME	ės		
•		Name of Contact Perso	1	_
	_			
14037 SW 84 STREET				_
	MIAL FL 33183	Address		
		City/ State and Zip Cod	e	_
PAUI	.AGJOSE64@GMAIL.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, please	se call:		
PAULA		786	309-0388	
Name o	f Contact Person		de & Daytime Telephone Numb	 er
Enclosed is a check for	the following amount made	payable to the Florida Depo	irtment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divis P.O.	ing Address indment Section sion of Corporations Box 6327 hassee, FL 32314	Amenc Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

C4 SCIENCES CORP		
(Name of Corporation as current	ly filed with the Florida Dept. of State)	The state of the s
P18000097229		65 6
(Document Number o	of Corporation (if known)	100
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following	owing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or t word "chartered," "professional association," or the abbreviation	'Co". A professional corporation name n	
B. Enter new principal office address, if applicable:	14037 SW 84 STREET	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33483	
		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address 	ress in Florida, enter the name of the	
Name of New Registered Agent	-	
The state of the s		
(Florida str	eet address)	 .
New Registered Office Address:	. Florida	
	(City)	Zip Code)
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of the position	on.

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:			
X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change			
Add			
Remove			
2) Change	_		
Add			
Remove			
3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	_		
Add			
Romove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Article II - The principal place of business address: 14037 SW 84th Street Miami, FL 33183
The mailing address of the corporation is: 14037 SW 84th Street Miami, FL 33183
Article IV - The number of shares the corporation is authorized to issue is: 100 and 100% of shares is designated to Carlos
Alberto de Lima Conte.
F. If an amondment provides for an archaeolar and archaeolar arc
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:	, if other than the
date this document was signed.	(33(3(1))	
Effective date <u>if applicable</u> :	/22/2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes east for the amendme sufficient for approval.	ni(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes co	ist for the amendment(s) was/were sufficient for approval	
by		
<u> </u>	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/were action was not required.	idopted by the incorporators without shareholder action and shareholder	
2/22/201 Dated Signature	has Alute lat	
selec	director, president or other officer – if directors or officers have not be sted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary) Carlos Alberto de lima Conte	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	