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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HIGH PINE ENTERPRISES, INC.					
DOCUMENT NUMBER: P19000013083					
The enclosed Articles of Amendment and fee are sub-	omitted for filing.				
Please return all correspondence concerning this mat	ter to the following:				
CARMEN L. SILVA					
	Name of Contact Person				
SCRIBE ACCOUNTING SE	RVICES, INC				
 	Firm/ Company				
3950 SOUTHPOINTE DR U	NIT 407	•			
	Address				
ORLANDO. FL 32822-3796					
,	City/ State and Zip Code	<u> </u>			
scribeaccountingservices@live.com	I				
	ed for future annual report	notification)			
For further information concerning this matter, please	e call:				
CARMEN L. SILVA	at (321	594-0450			
Name of Contact Person	Area Coo	de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:					
■ \$35 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

HIGH PINE ENTERPRISES, INC.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P19000013083	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "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 <u>MUST BE A STREET ADDRESS</u>)	
	2019
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	= -
	0
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	
new registered agent and/or the new registered office address	<u> </u>
Name of New Registered Agent	
(Florida str	ect address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
N . D . inc. and A analysis Simulature if the main a Desirement A analysis	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	
5: 21/ 5	
Signature of New K	egistered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 = Chie Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offic 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>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	KATIA O. TERRA SANTOS	4805 CYPRESS TREE DR
X Add			TAMPA, FL 33624
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			·
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	
if an amendment provides for an excl	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	enument if not contained in the amendment users.

The date of each amendment	(s) adoption:	, if other than tl
date this document was signed.	· -	
Effective date <u>if applicable</u> :	06/01/2019	
entective date <u>it appricable</u> .	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, to Department of State's records.	this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer by the shareholders was/ve	e adopted by the shareholders. The number of votes cast for the amend re sufficient for approval.	iment(s)
	e approved by the shareholders through voting groups. The following s d 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/wer action was not required.	e adopted by the board of directors without shareholder action and shar	reholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and sharehol	der
JUN	E 20, 2019	
Dated Signature	milin	
se	y a director, president or other officer – if directors or officers have no lected, by an incorporator – if in the hands of a receiver, trustee, or oth pointed fiduciary by that fiduciary)	
	CLAUDIO PINHEIRO JR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	