P1900 029 901

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	-





200335823112

10/31/19--01004--028 **35.00

2019 CCT 31 PH 4: 56

C GOLDER LD +327

COVER LETTER

ŤO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: HOPPE INTERNA	ATIONAL CORP	
DOCUMENT NUM	P19008029907		
The enclosed Articles	of Amendment and fee are st	abmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	SIMONE OLIVEIRA		
		Name of Contact Person	n
	AMERICA EXPERT LLC		
		Firm/ Company	-
	409 NW 10TH TER		
		Address	
	HALLANDALE BEACH, F	L 33009	
		City/ State and Zip Cod	ů.
ADM	IINFIN@AMERICAEXPER	Г.СОМ	
	E-mail address: (to be u	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
SIMONE OLIVEIRA		at (
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□S43.75 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		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

of

HOPPE INTERNATIONAL CORP

2015 COT 31 PM 4: 56

(<u>Name</u>	of Corporation as currently	filed with the Florida Dept. of State)	
P19000029907			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	Florida Profit Corporation adopts the following amendment(s)	
A. If amending name, enter the new n	ame of the corporation:		
		The new	
	nation "Corp." "Inc." or "C	" "company," or "incorporated" or the abbreviation "o". A professional corporation name must contain the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		409 NW 10TH TER	
		HALLANDALE BEACH, FL 33009	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		409 NW 10TH TER	
		HALLANDALE BEACH, FL 33009	
D. If amending the registered agent ar new registered agent and/or the ne		ss in Florida, enter the name of the	
Name of New Registered Agent	AMERICA EXPERT LLC		
Name of New Registered Agent	409 NW 10TH TER		
	(Florida stree	t address)	
New Registered Office Address:	HALLANDALE BEACH	. Florida 33009	
Control on on the limited.	16	City) (Zip Code)	
New Registered Agent's Signature, if c		ith and accept the obligations of the position.	
. , ,,	Simone	Oliver	
	Signature of New Re	gistered 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>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
- AN			•
51 Change		_	
Add			
Remove			
6) Change		_	
Add			
Remove			

(Attach additional sheets, if necessar	Articles, enter change(s) here: iry) (Be specific)	
	<u> </u>	
		
		
· · ·		
	-	
		_
		
If an amendment provides for an o	exchange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A	amendment if not contained in the amendment itself:	
	n)	

	10/28/2019	
The date of each amendment(s date this document was signed.) adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date w Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ast for the amendment(s) was/were sufficient for approval	
hy	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
10/28/20	019	
Dated		
Signature (
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	MADSON DOS SANTOS DA HORA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	