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AUG 13 2019 S. YOUNG

COVER LETTER

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: MP Solution Entarprises Inc					
DOCUMENT NUMBER: P 19 000 4 4 784					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Maria Madalena Caldas - Lopes Name of Contact Person Made In Brazil Services Firm/ Company 12811 Kanuad Lane Suite 208 Address Fort Myers Hanida 33907 City/ State and Zip Code					
madeinbrazi Sentices Dhotmail.com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Moria. M. Cadas—Lope5 at (239) 8106079 Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
I state of the following amount made payable to the Florida Department of state.					
\$\sum_{\text{S43.75 Filing Fee}} \sum_{\text{S43.75 Filing Fee}} \sum_{\text{Certified Copy}} \text{Certified Copy (Additional copy is enclosed)} \text{Certified Copy is enclosed)}					
Mailing Address Street Address					
Amendment Section Amendment Section					
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building					
Tallahassee, FL 32314 2661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment

to

Articles of I			
MP Soluti	on Enterprises, Inc		
(Name of Corporation as curren	tly filed with the Florida Dept. of State)		
	000044 284		
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:	,		
	N/A The new		
name must be distinguishable and contain the word "corporate "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:	421 SW 29th Avenue		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Cape Conal Florida 33991-1145		
	wife wild , notice 5521 11 10		
C. Enter new mailing address, if applicable:	421 SW 29th Avenue		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
	Cape Onal Notida 33991-1145		
D. If amending the registered agent and/or registered office ad	dress in Florida, enter the name of the		
new registered agent and/or the new registered office addre			
Name of New Registered Agent	NIA		
	1/4		
(Florida s	treet address)		
New Registered Office Address:	, Florida		
The state of the s	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiae			
. ,	, 3 , ,		
	NA PROBLEM		
Cinnatura of Nan	N/R - S		
Signature of New	Registered Agent, if changing		
	-8 <u>-</u>		
	LOREN E		
Page	1 of 4		

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>	Address
1) Change	P	anlos H. Silva Da Oliveira	Gare Compl. Fl. 23991 (chance
Add			Cape Conal FL . 33991) (1)
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
<u>N/A</u>
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)
λ/Λ

. The date of each amendment(s) adoption:	()	8102119	, if other than the
date this document was signed.			, ii outer titul t
Effective date if applicable:)810a119	
(no n	nore than 90 day:	s after amendment file	date)
Note: If the date inserted in this block does not mee document's effective date on the Department of State's		statutory filing require	ments, this date will not be listed as the
Adoption of Amendment(s) (CHECK (<u>ONE</u>)		
The amendment(s) was/were adopted by the shareholders was/were sufficient for approva	olders. The number of the second of the seco	ber of votes cast for the	: amendment(s)
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group			
"The number of votes cast for the amendment	t(s) was/were suff	ficient for approval	
by		<u>.</u>	
(voting gro	oup)		
☐ The amendment(s) was/were adopted by the board action was not required.	of directors witho	out shareholder action a	ind shareholder
☐ The amendment(s) was/were adopted by the incorpaction was not required.	orators without sl	hareholder action and s	hareholder
(h (c)	102/2019		
Signature (By a director, president o	T other officer	if directors or officers h	north not have
selected, by an incorporat			
appointed tiduciary by the	at fiduciary)		
(andos H.	Silvadet	diverra	
(Typed	or printed name	of person signing)	
	·	J	

(Title of person signing)