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(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: CHAGAS PAVER	RS INC	
DOCUMENT NU	P19000062774		
The enclosed Artic	cles of Amendment and fee are su	abmitted for filing.	
Please return all co	orrespondence concerning this ma	atter to the following:	
	FERNANDA SILVA		
		Name of Contact Persor	1
	A&F FINANCIAL LLC		
		Firm/ Company	
	4851 W HILLSBORO BLVI	D, STE#A2	
		Address	
	COCONUT CREEK, FL 330	073	
		City/ State and Zip Code	e
	AF-FINANCIAL@AF-FINA	ANCIAL COM	
	~	sed for future annual report	notification)
For further inform	ation concerning this matter, plea	at (⁷⁵⁴	205-9371
Na	me of Contact Person		de & Daytime Telephone Number
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fo	e S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CHAGAS PAVERS INC

CHAGASTA VERSING	
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P19000062774	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.:	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Mailing address MAT BE A POST OFFICE BOX)	
	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered office ac	ddress in Florida, enter the name of the
new registered agent and/or the new registered office addre	
Name of New Busietunad Agent	$T_{ij} = T_{ij} = T_{ij}$
Name of New Registered Agent	
(Florida	a street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	ent:
I hereby accept the appointment as registered agent. I am familia	ar with and accept the obligations of the position.
Signature of New	w Registered Agent, if changing
Check if applicable	INGA TO
The amendment(s) is/are being filed pursuant to s. 607.0120 (1	(1) (e), r.5.

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)

Example:

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.

X Change	<u>PT</u>	John Doe	:	
X Remove	<u>V</u>	Mike Jon	<u>es</u>	
X Add	<u>\$V</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	Title]	<u>Name</u>	<u>Address</u>
1) Change	S	 .	FABIO RODRIGUES DE SOUSA	428 SE 11TH STREET
X Add				DEERFIELD BEACH, FL 33441
Remove				
2) Change		- .	1 may 2 m	
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		 .		
Add				
Remove				
6) Change		 .		
Add				
Remove				

i 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/4)). (Be specific)		
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	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(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, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder	raction and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendr sufficient for approval.	nent(s)
	approved by the shareholders through voting groups. The following sta for each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	ust for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
10/13/20 Dated	021	
Signature 22	for a le ly	
sele	a director, president or other officer – if directors or officers have not be eted, by an incorporator – if in the hands of a receiver, trustee, or other pinted fiduciary by that fiduciary)	
	FABIO DE PAULA CHAGAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	