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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SB&T CONS	SULTORIA E SERVICOS, CORP
DOCUMENT NUMBER: P1900005871	
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
GLAUCIA BASTOS	
 	Name of Contact Person
THE TRUST CIRCLE	SERVICES, LLC
	Firm/ Company
1001 EAST SAMPLE	• •
	Address
POMPANO BEACH F	FLORIDA 33064
	City/ State and Zip Code
ATENDIMENTO@THETRU	ISTCIRI CLE INFO
•	be used for future annual report notification)
is-man address. (to	be used for future annual report normeation;
For further information concerning this matter.	please call:
GLAUCIA BASTOS	954 8647884
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SB&T CONSULTORIA E SERVICOS, CORP

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P19000065871	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, th its Articles of Incorporation:	is 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 "corporat "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>)	70
	F. sa ti
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	0 5
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	<u></u>
D. If amending the registered agent and/or registered office ad	
new registered agent and/or the new registered office addre	<u> </u>
Name of New Registered Agent	
	·
(Florida	street address)
New Registered Office Address:	, Florida (City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.
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 Do	<u>oe</u>	
X Remove	<u>Y</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
X Change	Р		IEGFRIED E S BRETZKE	3410 SW 37TH STREET
Add				WEST PARK, FL 33023
Remove				
2) X Change	Р		SIEGFRIED E S BRETZKE	3410 SW 37TH STREET
Add		_		WEST PARK, FL 33023
Remove				
3) Change				
Add				
Remove				
4) Change		_		<u>-</u>
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_		
Remove				

	heets, if necessary).	(Be specific)			
					
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	rouidar for on oval	nange, reclassificati	ion, or cancellatio	n of issued shares,	
f an amendment p	HUVIGES for all exci		ained in the amen	dment itself:	
provisions for imp	plementing the ame	nament it not cont			
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provisions for imp	plementing the ame	nament if not cont			
If an amendment provisions for im (if not applica	plementing the ame	nament if not cont			
provisions for imp	plementing the ame	nament it not cont			

The date of each amendment(s) 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 this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following staten must be separately provided for each voting group entitled to vote separately on the amendment(s):	vent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	der
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
08/22/2019 Dated	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other counappointed fiduciary by that fiduciary)	
IEGFRIED E BRETZKE	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	