P19000069028

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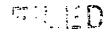
TO: Amendment Section Division of Corporations

GAME OF CORPORATION: CONFIDENCE MARKETS COF
OCUMENT NUMBER: _ P 19 0000 69 0 2.8
the enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
VANESSA SALGADO Name of Contact Person AMERICA EXPERT LLC Firm/Company 409 NW 10+h TERRACE Address HALLANDALE BEACH FL 33000 City/State and Zip Code ADMINFING AMERICA EXPERT COM E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
VANESSA SALGADO at (305) 824.9100 Name of Contact Person Area Code & Daytime Telephone Number
inclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to Articles of Incorporation of



CONFIDENCE MI	ARKETS CORPLOST -4 AM 7:49
(Name of Corporati	ion as currently filed with the Florida Dept. of State)
P19	000069028 STATE
(Docun	ment Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Floridatis Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the co	orporation:
	The _new
name must he distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	orporation," "company," or "incorporated" or the abbreviation "Corp.," " or "Co". A professional corporation name must contain the word eviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>
D. If amending the registered agent and/or register new registered agent and/or the new registered	ered office address in Florida, enter the name of the
	Office additions
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	(City) (Zip Code) wistered Agent:
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Sign	ature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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: <u>X</u> Change	<u>PT</u> John D	lov	
-			
X Remove	<u>V</u> <u>Mike l</u>	<u>lones</u>	
X Add	<u>SV</u> <u>Sally S</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	(P)	LUCAS VAZ	409 NW 10th TER
Add			HALLANDALE BEACH, FI
Remove			<u>90066</u>
2) Change	DIR	IGOR FERNANDES	409 NW 10th TER
X Add		CRUZ	HALLANDALE BEACH, FL
Remove Change			33009
Add			
Remove			
4) Change		-	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ach additional sheets, if neces	sury). (ne specific)			
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F. <u>If</u>	n amendment provides for a	<u>ın exchange, reclassifi</u>	cation, or cancellation	<u>of issued shares.</u>	
Di	ovisions for implementing the (if not applicable, indicate?)	<u>ne amendment if not c</u>	ontained in the amen-	dment itself:	
	(у погаррисавие, таксане г	V/A)			

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		t . u
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendme ficient for approval.	nı(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast i	or the amendment(s) was/were sufficient for approval	
by	··	
, <u> </u>	(voting group)	
(By a di selected	ector, president or other officer in the parts of a receiver, trustee, or other officer of fiduciary by that fiduciary)	
	LUCAS VAZ	
	(Typed or printed name of person signing)	
_	Prestpert / CEO	
	(Title of person signing)	