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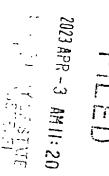
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DIAMOND CON	CRETE POLISH INC	
	BER: P19000093869	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	itter to the following:	
	GEOVANE ALVES MEND	ES	
		Name of Contact Person	1
		Firm/ Company	
	1129 SW 2nd ST		
		Address	
	CAPE CORAL, FL 33991		
		City/ State and Zip Code	
	machadokarine@yahoo.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
KARINE MACHAD	О	at (239	400-0308
Name	of Contact Person	Area Coo	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	☐\$43.75 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 Tallahassec, FL 32314		Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment Articles of Incorporation

DIAMOND CONCRETE POLISH INC		
(Name of Corporation as curren	tly filed with the Florida Dept. of S	State)
P19000093869		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
PANTANAL CAGE INC		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	A professional corporation name	e abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	1129 SW 2nd ST	
(Principal office address MUST BE A STREET ADDRESS)	CAPE CORAL, FL 33991	2023 SE(
		APR T
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1129 SW 2nd ST	-3 F
	CAPE CORAL, FL 33991	
		20 20
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre		the
Name of New Registered Ayent		
(Florida s	treet address)	
New Registered Office Address:	, Flo	rida
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

6eovone Alves Muroles
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)

 Δdd

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:	, ana sai	iy Smun, 3v as an Ada,	
X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	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			
5) Change			
Add			
Remove			
б) Change			

(/	amending or adding additional Articles, enter change(s) here: attach additional sheets, if necessary). (Be specific)
_	
_	
1	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)

The date of each amendment(s) adoption:, if other than the date this document was signed, if other than the
Effective date if applicable:
Effective date <u>if applicable</u> : (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 date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
Signature 620001 Alves Menous (By a director, president or other officer – if directors or officers have not been selected by an ingerporator. If in the hands of the selected by an ingerporator.
Signature <u>Geovane Alres Menous</u>
(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 court appointed fiduciary by that fiduciary)
GEOVANE ALVES MENDES
(Typed or printed name of person signing)
PRESIDENT