## P20000010230

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## **COVER LETTER**

**TO**: Amendment Section Division of Corporations

NAME OF CORPORA	HAZIN SERVICES	CORP	
DOCUMENT NUMBE	P20000010230		
The enclosed Articles of	f Amendment and fee are sub	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
	LUIZ HENRI	QUE REGAARD HAZIN	
	HAZI!	Name of Contact Person SERVICES CORP	
_	301 OLIVEW	Firm/ Company OOD PL APT 0229	
_	ВО	Address CA RÁON/FLORIDA/334	31
_		City/ State and Zip Code	
	HENRIQUERIGAAI	RD@GMAIL.COM	
_	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
LUIZI	HENRIQUE REGAARD HA	ZIN 754	367 - 4902
Name of	Contact Person	Area Coo	_)le & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address Indiment Section Indicate the Corporations Indicate the Corporations Indicate the Corporations Indicate the Corporations Indicate the Corporation of Corporations Indicate the Corporation of	Amend Divisio The Co 2415 N	Address Iment Section In of Corporations Entre of Tallahassee N. Monroe Street, Suite 810 Issee, FL 32303

## Articles of Amendment

to Articles of Incorporation

of CONTROL	
(Name of Corporation as currently)	Filed with the Florida Dept. of State)
P20000010230	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>FL</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NÍA	The new
name must be distinguishable and contain the word "corporation," "cor" lnc.," or Co.," or the designation "Corp," "Inc," or "Co". A prefered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NIA
C. Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX)	N/A 2020
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the  بب
Name of New Registered Agent /VI F	
New Registered Office Address:	1 address)  // Florida
	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
N1/-	istered Agent, if changing
Signature of New Reg	ustered 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: Y. Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>-x</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change X Add	VP	CARLOS MARCELO MARANHAO	304 OLIVEWOOD PLAPT 0229 Boca Raton FL 33431
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			· · · · · ·
Remove			
6) Change			
Add			·
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	if necessary). (Be specific)			
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an amendment provide	es for an exchange, reclassificati	on or cancellation of	issued chares	
rovisions for implemen	ting the amendment if not cont	ained in the amendme	ent itself:	
(if not applicable, inc	licate N/A)			
	NA			
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The date of each amendment(s) add	ption:	, if other than the
date this document was signed.	07/29/2020	
Effective dute <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo locument's effective date on the Dep	ck does not meet the applicable statutory filing requirements artment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	ed by the incorporators, or board of directors without sharehold	lder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suff	ed by the shareholders. The number of votes east for the americient for approval.	ndment(s)
The amendment(s) was/were appromist be separately provided for each	wed by the shareholders through voting groups. The following sich voting group entitled to vote separately on the amendment	z statement (s):
"The number of votes cast fe	r the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated01 - 2	Q. 20	
Signature	LUIZ HENRIQUE REBARD Hotor, president or other officer – if directors or officers have no	A2(N)
selected,	by an incorporator - if in the hands of a receiver, trustee, or otl	her court
appointed	fiduciary by that fiduciary) LUIZ HENRIQUE REGAARD HAZIN	
	15512 TOLANI (ALL MECHANIS TIACIN	
-	(Typed or printed name of person signing) PRESIDENT	
_	(Title of person signing)	