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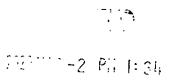
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION: BRAS MASTER I	NC 	
	MBER: P20000010380		
The enclosed Artic	eles of Amendment and fee are su	bmitted for filing.	
Please return all co	orrespondence concerning this ma	tter to the following:	
	HIGOR L DE BARROS SIL	VA	
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	1
	BRAS MASTER INC		
		Firm/ Company	
	10275 OLD SAINT AUGUS	TINE RD APT 514	
		Address	
	JACKSONVILLE, FL 32257	,	
	<del></del>	City/ State and Zip Code	e
	taxesydocumentos@yahoo.co		
	is-mail address: (to be us	sed for future annual report	notification)
For further inform	ation concerning this matter, pleas	se call:	
HIGOR L DE BA	RROS SILVA	at (	515-0127
Name 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 Fee	e □\$43.75 Filing Fee & Certificate of Status	S43.75 Fiting 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, FL 32314		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



BRAS MASTER INC

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P20000010380	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s 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 "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	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 <u>MAY BE A POST OFFICE BOX</u> )	
D. If amonding the resistant and the state of the state o	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent	
Name of New Regissered Agent	
(Elarida s	treet address)
	irter address)
New Registered Office Address:	(City) Florida (Zıp Code)
	, and the same
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>
I hereby accept the appointment as registered agent.—I am familiar	with and accept the obligations of the position.
<u></u>	
Signature of New I	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)

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>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	RIVALDO L DA SILVA	4214 WINDERGATE DR
Add			JACKSONVILLE, FL 32257
X Remove			
2) Change	VP	EDIVALDO LIZARDO DA SILVA	4214 WINDERGATE DR
X Add			JACKSONVILLE, FL 32257
Remove 3) Change			
Add			
Remove			
4) Change		<del>-</del>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach addi	ng or adding additional Articles, enter change(s) here: litional sheets, if necessary). (Be specific)	
provisions	idment provides for an exchange, reclassification, or cancellation of issued shall be a for implementing the amendment if not contained in the amendment itself: applicable, indicate N/A)	ares,
		·-·- <u>-</u>

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	)
	is block does not meet the applicable statutory filing requirement Department of State's records.	its, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareh	nolder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wei	adopted by the shareholders. The number of votes cast for the ange sufficient for approval.	nendment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	• •
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
02/25/2 Dated	020	
Signature _	a director, president or other officer - if directors or officers have	
selo	a director, president or other officer – if directors or officers have ected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	not been other court
	HIGOR L DE BARROS SILVA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	