P20000075398

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: MSV COPPING 8	ETILE INC	
	IBER: P20000075398		
	s of Amendment and fee are su	ibmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	MARCELO DEMELLO		
		Name of Contact Perso	11
	MSV COPPING TILE INC		
		Firm/ Company	
	2126 DRUID ROAD APT 43	301	
		Address	
	CLEARWATER FL 33764		
		City/ State and Zip Cod	e e
	MSVGASTRONOMIA@HC	DTMAIL.COM	
		sed for future annual report	notification)
For further informati	on concerning this matter, pleas	sc call: at (881-5843
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	endment Section Pision of Corporations D. Box 6327 lahassee, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

MIST COPPING & TILE INC		
	filed with the Florida Dept. of State	;)
P20000075398		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the t	following amendment(s) t
A. If amending name, enter the new name of the corporation:		_
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abi professional corporation name must	The new breviation "Corp.," contain the word
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)		2021:
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	1750 00
Name of New Registered Agent		20 FLE
(Florida stree	et address)	-
New Registered Office Address:		
· · · · · · · · · · · · · · · · · · ·	, Florida City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the po	sition.
Signature of New Reg	sistered Agent, if changing	
hereby accept the appointment as registered agent. I am familiar wi		sition.

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:

\overline{X} Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mik</u>	2 Jones	
_X Add	<u>SV</u> <u>Sally</u>	/ Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	SABRINA DE CARLA GABRIEL	2126 DRUID RD APT 4301
X Add			CLEARTE FL 33764
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	-		
Add			
Remove			

	vets, if necessary).	(Be specific)			
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an amendment pro	<u>ovides for an exch</u>	<u>ange, reclassificati</u>	on, or cancellation o	f issued shares,	
<u>rovisions for impic</u>	ementing the amer	idment if not conta	ined in the amenda	oent itself:	
(if not applicable	e, indicate N/4)	<u> </u>			
• •	·				
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					-
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The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 da	ys after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board action was not required.	1 of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted by the shareholders. The nur by the shareholders was/were sufficient for approval.	nber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote	voting groups. The following statement separately on the amendment(s):
"The number of votes east for the amendment(s) was/were su	fficient for approval
by	
by(voting group)	
10/28/2021 Dated	=
Signature Carcelo Se	ello-
(By a director, president or other officer – selected, by an incorporator – if in the han	If directors or officers have not been ds of a receiver, trustee, or other court
(appointed fiduciary by that fiduciary)	
DARCELO DE MAFA (Typed or printed name	(10
(Typed or printed name	of person signing)
OWNER	
(Title of person signing)