P21000075878

(Req	uestor's Name)	
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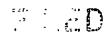
A. Butter

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SC INTERNATIO	NAL INVESTMENTS CO	ORP		
DOCUMENT NUME	P21000075878		 -		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	KAROLINA TORRES				
		Name of Contact Person	1		
	KTORRES SERVICES CORP				
	Firm/ Company				
	201 SE 15TH TER STE 211				
	Address				
	DEERFIELD BEACH FL 33441				
		City/ State and Zip Cod	e		
	KTORRES@KTORRESSEF	RVICES.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
KAROLINA TORRES		at (380-0755		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	S43.75 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)		
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of



SC INTERNATIONAL INVESTMENTS CORP

(Name of Corporation as current	tly filed with the Florida D	ept-of State)	2 PM 2: 09
P21000075878			07 07/7 5
(Document Number	of Corporation (if known)	11.	- 3EE, F
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation	adopts the fo	llowing amendment(s)
A. If amending name, enter the new name of the corporation:			
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	ed" or the abbi n name must	The new reviation "Corp.," contain the word
B. Enter new principal office address, if applicable:	12616 FOLKLORE LY	4	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	ORLANDO FL 32832		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12616 FOLKLORE LY	١	
	ORLANDO FL 32832		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address Name of New Registered Agent		name of the	
(Florida s	treet address)		
New Registered Office Address:		, Florida	
	(Ciţy)		(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		ions of the pos	ition.
Signature of New	Registered Agent, if changir	10	
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	· · · · · · · · · · · · · · · · · · ·		

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	$\overline{\mathbf{b}}$	John Doe	
X Remove	\underline{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	VP	FERNANDA C DE CASTRO SILVA	12616 FOLKLORE LN
X Add			ORLANDO FL 32832
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
(the specific production of the specific produc	
	
	,
If 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)	
/A	
	

The date of each amendment(s) date this document was signed.	adoption:	<u> </u>	, if other than the
Effective date <u>if applicable</u> :			
	(no more than 9	00 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l		cable statutory filing requirements, this date will	l not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were a action was not required.	dopted by the incorporators, or	board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were a by the shareholders was/were	· ·	ne number of votes cast for the amendment(s)	
		rough voting groups. The following statement vote separately on the amendment(s):	
"The number of votes ca	it for the amendment(s) was/we	ere sufficient for approval	
by			
	(voting group)	<u> </u>	
OCTOBI Dated	R 1, 2021		
-		W _	
Signature			_
sel <i>e</i> c		cer – if directors or officers have not been ne hands of a receiver, trustee, or other court)	
	SERGIO C DE CASTRO SI	LVA	
	(Typed or printed	name of person signing)	
	PRESIDENT		
	(Title of person sig	gning)	