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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: EMERSON LIMA	. PA				
DOCUMENT NUME	P2100005624		· · ·			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	MARCOS REZENDE					
		Name of Contact Persor	1			
	CSG - CAPITAL SERVICES GROUP, INC.					
		Firm/ Company				
	1191 E NEWPORT CENTER DR #103					
		Address				
	DEERFIELD BEACH - FL.	33442				
		City/ State and Zip Code				
	CSG@THEWAYGROUP.B	IZ				
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	n concerning this matter, plea		427-4770			
	of Contact Person	at (954	de & Daytime Telephone Number			
Name o	or Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	r 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment

		ا سيد.	
	of	- SE =	,
EMERSON LIMA PA			,
(Name of Corp	oration as currently filed with the Florida Dept. of State)	1	
P21000095624		7 N. 7.	•
(0	Document Number of Corporation (if known)	T.	1
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the following	owing amendme	nt(s) to
A. If amending name, enter the new name of	the corporation:		
EMERSON DE LIMA PA		The new	ı
"Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the		viation "Corp." ontain the word	r
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	F ROX		
(manng aan too <u>man bara bara bara bara bara bara bara ba</u>			
D. If amending the registered agent and/or renew registered agent and/or the new registered	egistered office address in Florida, enter the name of the tered office address:		
Name of New Registered Agent			
	(Florida street address)	_ 	
New Registered Office Address:	. Florida		
New Registered Cypice Address.	, , , , ,	(Zip Code)	
New Registered Agent's Signature, if changin I hereby accept the appointment as registered ag	g Registered Agent: tent. I am familiar with and accept the obligations of the posit	ion.	
	Signature of New 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, Sully 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>14</u>	John Doe			
X Remove	Y	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	Name	<u>e</u>		<u>Addres</u> s
1) Change					
Add					
Remove				-	
2) Change		<u> </u>			
Add					
Remove 3 1 Change		-		-	
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change					
Add					
Remove				-	
6) Change					
Add					
Remove					

Attach <i>additiona</i>	adding additional Ar Il sheets, if necessary).	(Be specific)				
				- 111		
		·	<u>-</u>			
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						<u> </u>
• •			.	9) 6.		
<u>provisions for i</u>	t provides for an exc implementing the am	endment if not	contained in t	ncenation of is he amendmen	sued snares, t itself:	
(if not appli	icable, indicate N/A)					
			_			
					_ _	
·. <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)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	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 of directors without sharehold action was not required.	ler action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amen by the shareholders was/were sufficient for approval.	dment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendments:	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by ."	
(voting group)	
Dated	
Signature (By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that (fiduciary)	
EMERSON DE LIMA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of nerson signing)	

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