## P22000043131

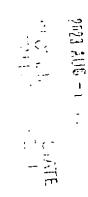
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| Certified Copies        | _ Certificates     | of Status |
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| Special Instructions to | Filing Officer:    |           |
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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: GLOBO AZUL CORP DOCUMENT NUMBER: P22000043131 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: VICTOR M HIYO LOZADA Name of Contact Person GLOBO AZUL CORP Firm/ Company 2332 S FAIRWAY DR Address PLANT CITY, FL 33566 City/ State and Zip Code VIHILO@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813 ) 279-0575

Area Code & Daytime Telephone Number VICTOR M HIYO LOZADA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

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

(Additional Copy is enclosed)

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

GLOBO AZUL CORP

| GLOBO AZUL CORP                                                                                                                                                                                  | d et l. bl.d. Pt. th. b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| P22000043131                                                                                                                                                                                     | tly filed with the Florida Dept. of State)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                  | 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:                                                                                                                                      | and a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 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:                                                                                                                                            | 3701 W TRAPNELL RD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )                                                                                                                                      | PLANT CITY, FL 33566                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                                                                                          | 701 W TRAPNELL RD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| ·                                                                                                                                                                                                | PLANT CITY, FL 33566                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                  | EC: 23 F.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name of New Registered Agent                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                  | 75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                  | treet address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| New Registered Office Address:                                                                                                                                                                   | (City) , Florida (Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| New Registered Agent's Signature, if changing Registered Agen<br>I hereby accept the appointment as registered agent. I am familiar                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                  | Project of the second state of the second stat |
|                                                                                                                                                                                                  | Registered Agent, if changing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Check if applicable                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

 $\Box$  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.

| X Change                   | <u>PT</u>    | John Doe    |             |              |
|----------------------------|--------------|-------------|-------------|--------------|
| X Remove                   | <u>V</u>     | Mike Jones  |             |              |
| X Add                      | <u>sv</u>    | Sally Smith |             |              |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address     |              |
| 1) Change                  |              | _           |             | <u></u>      |
| Add                        |              |             |             |              |
| Remove                     |              |             |             |              |
| 2) Change                  |              | _           |             |              |
| Add                        |              |             | <del></del> |              |
| Remove 3) Change           |              | _           |             | 209          |
| Add                        |              |             |             | - TAC 3      |
| Remove                     |              |             | <del></del> | CCCOLOL TALL |
| 4) Change                  |              |             | ··········· |              |
| Add                        |              |             | <del></del> | <u> </u>     |
| Remove                     |              |             |             |              |
| 5) Change                  |              |             |             |              |
| Add                        |              |             |             |              |
| Remove                     |              |             |             |              |
| 6) Change                  |              |             |             |              |
| Add                        |              |             | <del></del> |              |
| Remove                     |              |             |             |              |

| amending or adding additional Articles, enter change(s) here: attach additional sheets, if necessary), (Be specific)                                                           |                     |
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|                                                                                                                                                                                | 7. K.               |
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|                                                                                                                                                                                | OEDIN DE            |
| an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: | स्य स्ट्र<br>है। १. |
| (if not applicable, indicate N/A)                                                                                                                                              |                     |
|                                                                                                                                                                                | (1) (1)             |
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| •                                                                                          | 07/24/2023                                                                                                                                                                             |                       |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| The date of each amendment(s) add                                                          | ption:                                                                                                                                                                                 | , if other than       |
| date this document was signed.                                                             | 2022                                                                                                                                                                                   |                       |
| Effective date <u>if applicable</u> :                                                      | 2023                                                                                                                                                                                   |                       |
|                                                                                            | (no more than 90 days after amendment file date)                                                                                                                                       |                       |
| <b>Note:</b> If the date inserted in this blo document's effective date on the Department. | ck does not meet the applicable statutory filing requirements, this date vartment of State's records.                                                                                  | vill not be listed as |
| Adoption of Amendment(s)                                                                   | ( <u>CHECK ONE</u> )                                                                                                                                                                   |                       |
| ■ The amendment(s) was/were adop action was not required.                                  | ted by the incorporators, or board of directors without shareholder action a                                                                                                           | nd shareholder        |
| ☐ The amendment(s) was/were adop<br>by the shareholders was/were suff                      | ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.                                                                                            |                       |
| ☐ The amendment(s) was/were appromust be separately provided for ed                        | oved by the shareholders through voting groups. The following statement such voting group entitled to vote separately on the amendment(s);                                             |                       |
| "The number of votes cast fo                                                               | r the amendment(s) was/were sufficient for approval                                                                                                                                    |                       |
| by                                                                                         |                                                                                                                                                                                        |                       |
| ,                                                                                          | (voting group)                                                                                                                                                                         |                       |
| 07/24/202                                                                                  |                                                                                                                                                                                        |                       |
| 07/24/203<br>Dated                                                                         |                                                                                                                                                                                        |                       |
|                                                                                            |                                                                                                                                                                                        |                       |
| Signature                                                                                  |                                                                                                                                                                                        |                       |
| selected.                                                                                  | ctor, president or other officer—if directors or officers have not been<br>by an incorporator—if in the hands of a receiver, trustee, or other court<br>I fiduciary by that fiduciary) | -<br>-<br>            |
| V                                                                                          | ICTOR M HIYO LOZADA                                                                                                                                                                    | 7A1                   |
| _                                                                                          | (Typed or printed name of person signing)                                                                                                                                              |                       |
| P                                                                                          | RESIDENT                                                                                                                                                                               |                       |
|                                                                                            | (Title of person signing)                                                                                                                                                              | PH II 08              |

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