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| (Requestor's Name) | |
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone | #) |
| PICK-UP WAIT | MAIL MAIL |
| (Business Entity Nam | e) |
| | |
| (Document Number) | |
| Certified Copies Certificates | of Status |
| Special Instructions to Filing Officer: | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: SKY BLU | JE US CORP |
|---|--|
| DOCUMENT NUMBER: P2200006653 | <u> </u> |
| The enclosed Articles of Amendment and | |
| Please return all correspondence concernir | g this matter to the following: |
| MARCO REIS | |
| USA TAX CORPO | Name of Contact Person RATION |
| - | Firm/ Company |
| 591 E SAMPLE RI | |
| | Address |
| POMPANO BEAC | H FL 33064 |
| | City/ State and Zip Code |
| USATAX@USATA | AXFL.COM |
| E-mail address | : (to be used for future annual report notification) |
| For further information concerning this ma | itter, please call: 954 788-1818 |
| Name of Contact Person | at () Area Code & Daytime Telephone Number |
| | · |
| Enclosed is a check for the following amo | unt made payable to the Florida Department of State: |
| S35 Filing Fee S43.75 Filin Certificate of | F |
| Mailing Address Amendment Section Division of Corporation 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 to Articles of Incorporation of

| | ot |
|---|---|
| SKY BLUE US CORP | |
| (Name of | Corporation as currently filed with the Florida Dept. of State) |
| P22000066531 | |
| | (Document Number of Corporation (if known) |
| D | 006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) t |
| its Articles of Incorporation: | 706, Piortua Statutes, diis Piortua i Poja Corpiration adopts the following amendments) t |
| A. If amending name, enter the new name | ne of the corporation: |
| | The new |
| name must be distinguishable and contain i "Inc.," or Co.," or the designation "Co "chartered," "professional association," o | he word "corporation," "company," or "incorporated" or the abbreviation "Corp.," orp.," or "Co". A professional corporation name must contain the word or the abbreviation "P.A." |
| B. Enter new principal office address, if | applicable: |
| (Principal office address <u>MUST BE A ST</u> | REET ADDRESS) |
| | |
| | |
| C. Enter new mailing address, if applic | able: |
| (Mailing address <u>MAY BE A POST O</u> | FFICE BOX) |
| | |
| | |
| | |
| D. If amending the registered agent and | for registered office address in Florida, enter the name of the |
| new registered agent and/or the new | registered office address: |
| Name of New Registered Agent | |
| | |
| ļ | (Florida street address) |
| New Registered Office Address: | , Florida |
| New Registered Office Address. | (City) (Zip Code) |
| | |
| | |
| New Registered Agent's Signature, if ch | anging Registered Agent: |
| I hereby accept the appointment as register | red agent. I am familiar with and accept the obligations of the position. |
| | |
| | |
| | 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.

| address of each Officer (Attach additional sheets, Please note the officer/di. P = President; V = Vice Executive Officer; CFO = President, Treasurer, Dir Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove | and/or U if necess rector title President Chief F rector wo in the fo | sary) le by the first letter of the office title: i; T= Treasurer; S= Secretary; D= Director; TR= inancial Officer. If an officer/director holds more th uld be PTD. llowing manner. Currently John Doe is listed as the corporation, Sally Smith is named the V and S. These | Trustee; C = Chairman or Clerk; CEO = Chief an one title, list the first letter of each office held. • PST and Mike Jones is listed as the V. There is |
|--|---|---|---|
| Example: X Change | <u>PT</u> | John Doe | |
| X Remove | <u>V</u> | Mike lones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| (Check One) 1) Change | P | CARLOS ALBERTO RAVAGNOLI | 589 E SAMPLE RD SUITE 213 |
| X Add | | | POMPANO BEACH FL |
| Remove | | | 33064 |
| 2) Change | _ | | |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |

____ Remove

6) ____ Change

____ Add

____ Remove

| E. If amending or adding additional A | rticles, enter change(c) hore: |
|---|--|
| (Attach additional sheets, if necessary |). (Be specific) |
| | |
| PLEASE AD THE EIN NUMBER : 37-1 | 408708 |
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| . If an amendment provides for an ex- | change, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
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| | 09/26/2022 | · · · · · · · · · · · · · · · · · · · |
|---|--|--|
| The date of each amendment(date this document was signed. | 09/26/2022 | , if other than the |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendmen | n file date) |
| | is block does not meet the applicable statutory filing re Department of State's records. | equirements, 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 with | out shareholder action and shareholder |
| ☐ The amendment(s) was/were by the shareholders was/wei | adopted by the shareholders. The number of votes east e sufficient for approval. | for the amendment(s) |
| ☐ The amendment(s) was/were must be separately provided | approved by the shareholders through voting groups. To for each voting group entitled to vote separately on the | he following statement amendment(s): |
| "The number of votes | east for the amendment(s) was/were sufficient for approx | val |
| by | (voting group) | <u>_</u> ." |
| 09/26/2 Dated | 022 | |
| <i>ક</i> ર્લો | director president or other officer – if directors or officeted, by in incorporator – if in the hands of a receiver, toointed fiduciary by that fiduciary) | |
| | LUIZ GUSTAVO M PUERTA TONELO | |
| | (Typed or printed name of person signing | g) |
| | PRESIDENT | |
| | (Title of person signing) | |