P23000019808

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TO: Amendment Section Division of Corporations

NAME OF CORPO	CBDPH USA COR RATION:	aP	
DOCUMENT NUM	P23000019808 BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	SAMIRA CHAMON		
	BRAZIL 2 USA LLC	Name of Contact Person	1
	8600 COMMODITY CIR. 13	Firm/ Company 9	
	ORLANDO - FL 32819	Address	
		City/ State and Zip Cod	e
	contato@brazil2usa.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Samira Chamon		407 at (6245664
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or 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 to Articles of Incorporation of

CBDPH USA CORP

(<u>Name of Corporatio</u> P23000019808	as currently filed with the Florida Dept. of State)
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida is Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
a. If amending name, enter the new name of the co	poration:
	The new
	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word iation "P.A."
B. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u>	RESS)
	, 22
	2023
. Enter new mailing address, if applicable:	•
(Mailing address MAY BE A POST OFFICE BO.)
	•
	<u></u>
). If amending the registered agent and/or register	d office address in Florida, enter the name of the
new registered agent and/or the new registered of	
Name of New Registered Agent	
Name of New Negatered Agent	
	(Florida street address)
	(1 tortua sirver address)
New Registered Office Address:	, Florida (City) (Zip Code)
	(\mathcal{L}_{ij}) (\mathcal{L}_{ij})
lew Registered Agent's Signature, if changing Regi	stered Agent:
	am familiar with and accept the obligations of the position.
Signa	ure 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, 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> <u>John</u>	John Doe		
X Remove	<u>V</u> <u>Mike</u>	Mike Jones		
X Add	SV Sally	Smith		
Type of Action (Check One)	<u>Title</u> Director	Name MG STOMER HAMDS IN BARROS HAMBRADASKAA	Address Red Al, 101 Sul, km (D), Cond Laguna 14 6	
I) Change X Add			Marechal Decktor - Al Brazii - 571(0110)	
Remove 2) Change X Add	Director	DIOGENES DAVID DE OLIVEIRA SILVA	R. Araguna 95 AP 181 - Santik Andre - SP Brazil - (1929 1-230)	
Remove Change Add				
Remove 4) Change Add Remove				
5) Change Add				
Remove 6) Change Add Remove				

Attach additional sheets, if necessary).	(Be specific)				
					
	<u> </u>				
			<u> </u>		
f an amendment provides for an exch provisions for implementing the ame	<u>nange, reclassifica</u> endment if not cor	tion, or cancellat	<u>ion of issued sha</u> endment itself	res,	
(if not applicable, indicate N/A)					
		-			
		-			

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 f	île date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requestrates of State's records.	airements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a action was not required.	lopted by the incorporators, or board of directors withou	t shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	lopted by the shareholders. The number of votes cast for sufficient for approval.	r the amendment(s)
	proved by the shareholders through voting groups. The reach voting group entitled to vote separately on the an	
"The number of votes ca	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Orlando-F	1. June 2nd, 2023	
Dated		
/	//////////////////////////////////////	
Signature	director president of other officer - if directors or office	an house not been
relection of the second of the	ed: by an incorporator – if in the hands of a receiver, trus	rs nave not been stee, or other court
	nted fiduciary by that fiduciary)	Acc, or other court
	MARCELO MOREIRA NATHAN	
	(Typed or printed name of person signing)	<u>, </u>
	PRESIDENT	
	(Title of person signing)	