## DZ4 CCOC 35571

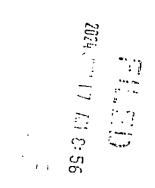
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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: NOVA OPCAO CORP DOCUMENT NUMBER: P24000038871 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **GUSTAVO TIRADO** Name of Contact Person GTL SOLUTIONS CORP Firm/ Company 1491 NE 132ND RD Address NORTH MIAMI, FL. 33161 City/ State and Zip Code CORPGTLSOLUTIONS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: GUSTAVO E TIRADO at ( 954 ) 901-8053

Area Code & Daytime Telephone Number 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 & ☐S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address

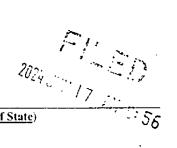
Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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



NOVA OPCAO CORP

(Name of Corporation as current)	v filed with the Florida Dept. of State)
P24000038871	
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "c "lnc.," or Co.," or the designation "Corp," "lnc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(muning universe man big a j tost of their man)	
D. If amending the registered agent and/or registered office addi-	
new registered agent and/or the new registered office address	<u>:</u>
Name of New Registered Agent	
(Florida str	eet address)
New Registered Office Address:	(Civ) Florida (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>
I hereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of the position.
Signature of New R	egistered 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

## X Change PT John Doe X Remove $\underline{V}$ Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action <u>Title</u> Name Address (Check One) PAULO C. EVANGELISTA AVE DAS AMERICA #1 C16 1) X Change LOT-8 B2, MOGIDAS CRUZES \_\_ Add SP 08771-495 BRAZIL \_\_\_\_ Remove 2) \_\_\_\_ Change \_\_\_\_ Add \_ Remove 3.) \_\_\_\_ Change \_\_\_\_ Add \_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 51 \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 6) \_\_\_\_ Change \_\_\_ Add \_\_ Remove

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
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·	
<del>-</del>	
If an amandment provides for an evel	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

. . .

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment fi	la data)
	(по тоге так 20 аахх арач атенатет р.	e aury
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requi Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
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	dopted by the shareholders. The number of votes east for sufficient for approval.	the amendment(s)
	pproved by the shareholders through voting groups. The for each voting group entitled to vote separately on the amo	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	<u>.</u>	
	(voting group)	
JUNE, 10 Dated		
Signature	<del></del>	
setec	director, president or other officer – if directors or officer led, by an incorporator – if in the hands of a receiver, trust nted fiduciary by that fiduciary)	
	GUSTAVO E. TIRADO	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	