

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6380

From:  
Account Name : MEDEIROS SOUZA CORP  
Account Number : I20190000068  
Phone : (407)326-8484  
Fax Number : (407)604-6519

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: contact@medeirosouza.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
BRAZIL GOURMET ARTISAN PIZZA CORP**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Attached is a form for filing *Articles of Amendment* to amend the articles of incorporation of a *Florida Profit Corporation* pursuant to section 607.1006, Florida Statutes. This is a basic amendment form and may not satisfy all statutory requirements for amending.

A corporation can amend or add as many articles as necessary in one amendment.

- The original incorporators cannot be amended.
- If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at [www.sunbiz.org](http://www.sunbiz.org). You are responsible for any name infringement that may result from your corporate name selection.
- If amending the registered agent, the new agent must sign accepting the appointment and state that he/she is familiar with the obligations of the position.
- If amending/adding officers/directors, list titles and addresses for each officer/director.
- If amending from a general corporation to a professional corporation, the purpose (specific nature of business) must be amended or added if not contained in the articles of incorporation.

If a section is not being amended, enter N/A or Not Applicable.

The document must be typed or printed and must be legible.

Pursuant to section 607.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90<sup>th</sup> day after the date on which the document is filed.

|                                  |                                               |
|----------------------------------|-----------------------------------------------|
| Filing Fee                       | \$35.00 (Includes a letter of acknowledgment) |
| Certified Copy (optional)        | \$8.75                                        |
| Certificate of Status (optional) | \$8.75                                        |

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DIVISION OF STATE  
CORPORATIONS, FL

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

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

For further information you may call the Amendment Section at (850) 245-6050

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: BRAZIL GOURMET ARTISAN PIZZA CORP

DOCUMENT NUMBER: P25000001733

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rubem Souza  
Name of Contact Person  
MEDEIROS SOUZA CORP  
Firm/ Company  
1711 Amazing Way, Ste 213  
Address  
Ocoee, FL 34761  
City/ State and Zip Code  
contact@medeirosouza.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rubem Souza at ( 407 ) 326-8484  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |                                                     |                                                                        |                                                                                                     |                                                                                                                            |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

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STATE OF FLORIDA  
TALLAHASSEE, FL

Articles of Amendment  
to  
Articles of Incorporation  
of

BRAZIL GOURMET ARTISAN PIZZA CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P25000001733

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or 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 MEDEIROS SOUZA CORP

1711 Amazing Way, Ste 213

(Florida street address)

New Registered Office Address: Ocoee

(City)

Florida

34761

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position

*[Handwritten Signature]*

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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CLERK OF STATE  
TALLAHASSEE, FL

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.

Example:

☒ Change

☐ Remove

☐ Add

PT

John Doe

V

Mike Jones

SV

Sally Smith

| Type of Action<br>(Check One)              | Title    | Name                                 | Address                       |
|--------------------------------------------|----------|--------------------------------------|-------------------------------|
| 1) <input type="checkbox"/> Change         | <u>D</u> | <u>Marcelle Ribeiro De Lima Pino</u> | <u>5354 S JOHN YOUNG PKWY</u> |
| <input checked="" type="checkbox"/> Add    |          |                                      | <u>ORLANDO, FL 32839</u>      |
| <input type="checkbox"/> Remove            |          |                                      |                               |
| 2) <input type="checkbox"/> Change         | <u>D</u> | <u>MARCELLE RIBEIRO DE LIMA</u>      | <u>5354 S JOHN YOUNG PKWY</u> |
| <input type="checkbox"/> Add               |          |                                      | <u>ORLANDO, FL 32839</u>      |
| <input checked="" type="checkbox"/> Remove |          |                                      |                               |
| 3) <input type="checkbox"/> Change         |          |                                      |                               |
| <input type="checkbox"/> Add               |          |                                      |                               |
| <input type="checkbox"/> Remove            |          |                                      |                               |
| 4) <input type="checkbox"/> Change         |          |                                      |                               |
| <input type="checkbox"/> Add               |          |                                      |                               |
| <input type="checkbox"/> Remove            |          |                                      |                               |
| 5) <input type="checkbox"/> Change         |          |                                      |                               |
| <input type="checkbox"/> Add               |          |                                      |                               |
| <input type="checkbox"/> Remove            |          |                                      |                               |
| 6) <input type="checkbox"/> Change         |          |                                      |                               |
| <input type="checkbox"/> Add               |          |                                      |                               |
| <input type="checkbox"/> Remove            |          |                                      |                               |

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SECRETARY OF STATE

PAUL W. ANDERSON, FL

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The date of each amendment(s) adoption: 1/28/2025, if other than the date this document was signed.

Effective date if applicable: 1/28/2025  
*(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, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by MARCELLE RIBEIRO DE LIMA."  
*(voting group)*

Dated 01/28/2025

Signature   
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Rubem Souza LLM

(Typed or printed name of person signing)

Authorized Representative

(Title of person signing)

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