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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ENTERBASS ENTERPALSE (WC.
DOCUMENT NUMBER: P93000004034
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
FERMANDO HUMBERTO H. FERMANDES Name of Contact Person ENTERBRAS ENTERPRISE INC. Firm/ Company
12235 S.W. 132 Cant Address MIAMI, FL 33186 City/ State and Zip Code
VENDASENTERBASS (Company and Small - Company and address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FERNANDU H. H. FERMANDES at 305, 4173064 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:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

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

ENTERBRAS ENTERA	RUSE INC
	filed with the Florida Dept. of State)
P930000	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section $607,1006$, Florida Statutes, this F its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation;	
ENTERBRAS ENTERPRISE	INC. The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable:	12235 S.W. 132 COURT
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI, FL 33186
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	17235 S.W. 132 COURT MIAMI, FL 33186
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	ე დე უ ე ლე
$\underline{\qquad}$	
(Florida stree	
New Registered Office Address: 12235 S.W.	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
N	4
Signature of New Res	estered Agent, if changing
Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e	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.

Example: X Change	<u>PT</u> John	Doe	
X Remove	<u>V</u> <u>Mike</u>	· Jones	
<u>X</u> Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	NIA	NA	NA
Add		1	
Remove		hila	- / _{\lambda}
2) Change	N/M	$ \cup$ \cap	$-\sqrt{B}$
Add	1)	
Remove Change	MA	NA	-N/A
Add		1	
Remove	11/4	NI/A	h 1/A
4) Change	1011		
Add	1		1
Remove 5) Change	NA	NIA	NA
Add			
Remove	}_	1/n	
б) Change	NH	NIH	NA
Add	·		······································
Remove			



	Iding additional Article sheets, if necessary). (Be specific)	_		
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<u>amendment</u> visions for in	provides for an exchan plementing the amend	ige, reclassification. ment if not contain	<u>, or cancellation of</u> ed in the amendme	issued shares, ent itself:	
(if not applie	able, indicate N/A)				
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	NF)			
	N/F)			
	NF)			

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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 file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	late will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	tion and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	u(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by FEMINDO HH FERNANDES-PRES EN TERSAIRS	
(voting group)	
Dated $05/19/2073$	1
Signature SOM CONCOS PRESIDEN	+
(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 co appointed fiduciary by that fiduciary)	urt
FERNANDO HUMSERTO HENRIBUE	SFERNANDES
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	