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Amel

JUL 30 2014

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DIRECT CO	MPANY
DOCUMENT NUMBER: P99000000452	
The enclosed Articles of Amendment and fee are subr	
Please return all correspondence concerning this matter	er to the following:
ELVIS D SALVAD	OR
	Name of Contact Person
16265 SW 58 TEI	Firm/ Company
	Address
MIAMI, FL 33193	
	City/ State and Zip Code
elvissalvador@bellsou E-mail address: (to be used	uth.net d for future annual report notification)
For further information concerning this matter, please	call:
Elvis D Salvador	at (305) 205-8776
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 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 Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



DIRECT COMPANY

(Name of Corporation as currently	filed with the Florid	a Dept. of State)	**************************************	(A) A
P9900000452				
(Document Number	of Corporation (if kno	wn)		•
Pursuant to the provisions of section 607.1006. Flori its Articles of Incorporation:	ida Statutes, this <i>Flori</i>	da Profit Corporation ado	pts the following	g amendment(s) to
A. If amending name, enter the new name of the	corporation:			
		· · · · · · · · · · · · · · · · · · ·	<u> </u>	_The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the	orp," "Inc," or "Co".	A professional corporati	ated" or the ai ion name must o	bbreviation contain the
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET AL				-
	_			•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B				
	_			
D. If amending the registered agent and/or registered agent and/or the new registered		n Florida, enter the name	of the	
Name of New Registered Agent				
***************************************	(Florida street aa	ldress)		
New Registered Office Address:		Florida		-
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	t. I am familiar with a		of the position.	
Signature of	New Registered Agent	, if changing		

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 <math>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>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VPSD	MAURICIO COMITRE	8650 NW 58 STREET
Add			DORAL FL 33166
Remove			
2) Change	PT	G9 INCORPORADORA	RUA DR. BACELOR
✓ Add			No 173 CJ 21
Remove			Vila Clementino- Sao Paulo
3) Change			Brazil
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
	A Million and the Control of Cont
W 48 - 43	
w	
	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
9 INCORPORADORA E CONS	STRUCTORA LTDA, Y/0 ROGER LEVORSE
AVE THE 51 % OF THE COR	PORATE SHARES.
MAURICIO COMITRE (VPD) HA	VE 49 % OF THE CORPORATE SHARES.

Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
	proved by the shareholders through voting groups. The following statement 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	(voting group)
_	(voling group)
l'he amendment(s) was/were ado action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	opted by the incorporators without shareholder action and shareholder
Dated_JUNE 9,	, 2014
Signature	
	irector, president or other officer – if directors or officers have not been
	d. by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	MAURICIO COMITRE
	(Typed or printed name of person signing)
	(Typed of printed name of person signing)
	PSD
	(Title of person signing)
	July 9 2014
•	
	Notary Public Stree of Florida
	Elvis D Salvador Ny Commission EE 174310
	Expires 04/05/2016

if other than the