552276

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: NORTH ATLANTI	CINVESTMENT CORP.		
DOCUMENT NUMB	ER:			
	of Amendment and fee are sub	mitted for filing.		
Please return all corres	pondence concerning this matt	ter to the following:		
	Melina Maria Coderch			
-		Name of Contact Person		
	c/o Carlton Fields Jorden, Burt, P.A., Attn: Steven Brodie, Esq.			
		Firm/ Company		
	100 SE 2nd Street, Suite 4200)		
		Address		
	Miami, FL 33131			
		City/ State and Zip Code		
	E-mail address: (to be us n concerning this matter, pleas	ed for future annual report of the call:	notification)	
Steven Brodie, Esq.		at (<u>305</u>	530-0050	
Name	of Contact Person	Area Coc	le & Daytime Telephone Number	
	or the following amount made	payable to the Florida Depa	rtment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.C	illing Address pendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

PS TOTAL CLASS SERVICE TO THE SERVICE SERVICE

Articles of Amendment to Articles of Incorporation of

NORTH ATLANTIC INVESTMENT CORP.	·	
(Name of Corporation as	currently filed with the Florida Dept, of State)	
S52276		
(Document N	umber of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statuits Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amen :	dment(s) to
A. If amending name, enter the new name of the corpora	ation:	
	The	new
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	orporation," "company," or "incorporated" or the abbrevia ac," or "Co". A professional corporation name must contain eviation "P.A."	ition i the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>S</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		- 18 8 7 1
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	ffice address in Florida, enter the name of the e address:	_3
Name of New Registered Agent		· / / / / / / / / / / / / / / / / / / /
	Florida street address)	
New Registered Office Address:	, Florida	
	(City) (2.ip Code)	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent: I familiar with and accept the obligations of the position.	
Signature	e 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 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 Doc	
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	VP	Jeremy Larkin	100 SE 2nd Street, Suite 4200
X Add			Miami, FL 33131
Remove			
2) Change	-		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary).	cles, enter change(: (Be specific)			
	 _			
		<u> </u>		
			_	
			- 	
				
an amendment provides for an exc	hange, reclassificat	ion, or cancellatio	n of issued shares,	
an international production of the second	endment if not cont	ained in the amer	dment itself:	
provisions for implementing the amo				
orovisions for implementing the amo (if not applicable, indicate N/A)				
provisions for implementing the amo				
provisions for implementing the amo		· · · · · · · · · · · · · · · · · · ·		
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The date of each amendment(s)	adoption:	, if other than the
date this document was signed. On	ctober 12, 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were a action was not required.	idopted by the board of directors without shareholder action and shareholder	
action was not required	idopted by the incorporators without shareholder action and shareholder	
Dated	Adjusted by an inhorporator = if in the hands of a receiver, trustee, or other cour	
Signature	Tolera Torn Jobs bol artical	
(By	a director, president or other officer - if directors or officers have not been	•
lacic.	cted, by an incorporator — if in the hands of a receiver, trustee, or other cour binted fiduciary by that fiduciary)	•
al-t-	Melina Maria Coderch Batista	
	(Typed or printed name of person signing)	
	President and Director	
	(Title of person signing)	
	15. OFICIO DE NOTAS - FERNANDA DE FREITAS LEITÃO-TABELIÃ AV. das Américas, 500, Bi.11, Li 106 (21) 3154-7161 RJ, 17/10/2018 RECONHEÇO DO BENELHANÇA SE firmas de: MELINA MARIA BATISTA CODERCH. da verdade	NUTAS Nutas Nutas
	Em testemunho Vel 94/12005-ADRI JESUS BARBOSA DOS SANTOS - ESCREVENTE Emolumentos 5 41 TJ-Fundos 2.22 Total 7 83 ECUC 10344-RBC Consulta am https://www3.tiri.ius.br/sitepublico	, your