

P100000010430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

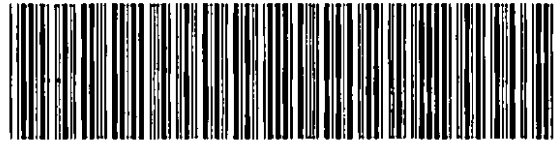
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/29/18--01023--004 **10.00

06/11/18--01005--002 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUN 25 PM 12:04

Amend

JUL 03 2018
D CUSHING

~~JUN 14 2018~~

~~SECRETARY OF STATE~~

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MTNG USA, CORP.

DOCUMENT NUMBER: P10000010430

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

Please return all correspondence concerning this matter to the following:

MICHELLE WILLIAMS
Name of Contact Person

DEMOS GLOBAL GROUP, INC.
Firm/ Company

7300 NORTH KENDALL DRIVE, SUITE 470
Address

MIAMI, FL 33156
City/ State and Zip Code

tm@demosglobal.es
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHELLE WILLIAMS at (305) 670-0979
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
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 12 11 25 PM 12:02



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2018

MICHELLE WILLIAMS
7300 N KENDALL DR STE 470
MIAMI, FL 33156

SUBJECT: MTNG USA, CORP.
Ref. Number: P10000010430

We have received your document for MTNG USA, CORP. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file your document is \$35.

There is a fee of \$10.00 due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 318A00012456

RECEIVED
18 JUN 25 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

MTNG USA, CORP.

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

P10000010430

(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 _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (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

Signature of New Registered Agent, if changing

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SECRETARY OF STATE
19 NOV 25 PM 12:05
DIVISION OF CORPORATIONS

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 PTD 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, PTD as a Change Mike Jones, V as Remove, and Sally Smith, SV as an Add

Example:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P.S</u>	<u>IGNACIO PASTOR MAYOR</u>	<u>7300 NORTH KENDALL DRIVE</u> <u>SUITE 470</u> <u>MIAMI, FL 33156</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P.S</u>	<u>SANTIAGO ROS</u>	<u>7300 NORTH KENDALL DRIVE</u> <u>SUITE 470</u> <u>MIAMI, FL 33156</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>JOSE RAMON GONZALEZ</u>	<u>7300 NORTH KENDALL DRIVE</u> <u>SUITE 470</u> <u>MIAMI, FL 33156</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>PASCUAL ROS VIDAL</u>	<u>7300 NORTH KENDALL DRIVE</u> <u>SUITE 470</u> <u>MIAMI, FL 33156</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

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

MAY 2, 2017

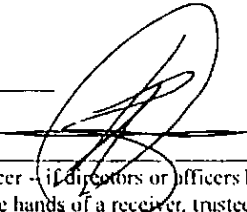
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this 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 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 _____"
(voting group)
- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 09 MAY 2018

Signature SANTIAGO ROS 
(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)

Santiago Ros

(Typed or printed name of person signing)

President

(Title of person signing)