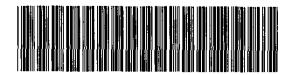
# P10000016808

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HAISION OF CONFURATION

NOV - 9 2016 C LEWIS

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORAT	ΓΙΟΝ:	BROS USA COR	RPORATI	ON
DOCUMENT NUMBER	<b>ł:</b>	P1000001	6808	
The enclosed Articles of A	Amendment and fee are su	bmitted for filing	•	
Please return all correspon	ndence concerning this ma	tter to the followi	ng:	
		SANTE VIN	ICENZI	
		Name of Cont	act Persor	}
	P	BUSINESS ASSIS	STANCE I	INC
		Firm/ Cor	npany	118 Mart - 1891-1
	134	99 BISCAYNE B	LVD STE	ETS-1
		Addre	ss	
		NORTH MIAMI	, FL 3318	1
_		City/ State and	d Zip Code	2
	the	ebusinessassistano	e@gmail	.com
	E-mail address; (to be us	sed for future ann	ual report	notification)
For further information co	oncerning this matter, pleas	se call:		
SANTE VINCENZI		at (	305	342-1242
Name of C	Name of Contact Person Area Code & Daytime Telephone Number		de & Daytime Telephone Number	
Enclosed is a check for th	e following amount made	payable to the Flo	orida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Co (Additional c enclosed)	- py	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Divisio P.O. Bo	ment Section n of Corporations ox 6327 ssee, FL 32314		Amend Division Clifton	Address ment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE DIVISION OF CORECRATHS

2016 NOV -7 PM 12: 26

#### BROS USA CORPORATION

	P10000016808
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida as Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the con	rporation:
ame must be distinguishable and contain the word Corp.," "Inc.," or Co.," or the designation "Corp, vord "chartered," "professional association," or the a	The new d' "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD</u>	
. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>	X)
. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida (Zip Code)
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent:  I am familiar with and accept the obligations of the position.
•	
Signa	ture 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	PT Jo	ohn Doe	
X Remove	<u>v</u> <u>N</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	V,T,S,D	BEATRICE BELEGGIA	169 E FLAGLER STREET
X Add			SUITE 1022
Remove			MIAMI, FL 33131
2) Change	V	MAURIZIO BELEGGIA	169 E FLAGLER STREET
Add			SUITE 1022
X Remove			MIAMI, FL 33131
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ach <i>additional sheets, if ne</i>	tional Articles, enter change ecessary). (Be specific)				
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amendment provides fo	or an exchange, reclassificati	ion, or cancellation of	issued shares.		
visions for implementing	the amendment if not cont	ained in the amendme	ent itself:		
(if not applicable, indicate	te N/A)				
			<del></del>		

FIGELD SECRETARY OF STATE. DIVISION OF CONTORATION

10/25/2016 , if other than the The date of each amendment(s) adoption: 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 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 (voting group) by ☐ 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. OCTOBER 25th, 2016 Dated Signature \_ (By a director, predident or other officer - if directors of officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) LANFRANCO BELEGGIA (Typed or printed name of person signing) **PRESIDENT** 

(Title of person signing)