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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name

: CORP USA

Account Number: 072450003255

: (305)634-3694

Fax Number

: (305)633-9696

Enter The email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

. Email Address:

APR 13 2016

COR AMND/RESTATE/CORRECT OR O/D RESIGN SAVEL INTERNATIONAL GROUP CORP

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CORPUSA

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SAVEL INTERNATIONAL GROUP CORP

C. Enter new mailing address, if applicable:

New Registered Office Address:

(Mailing address MAY BE A POST OFFICE BOX)

Articles of Amendment Articles of Incorporation of

16 APR 12 AM 9: 43

-SECRETARY OF STATE TALLAHASSEE FLORIDA

| (Name of Corporation as currently filed with the Florida Dept. of State) | | | | |
|---|--|--|--|--|
| P10000072219 | | | | |
| (Document Number of Corporation (if known) | | | | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(its Articles of Incorporation: | | | | |
| A. If amending same, 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) | | | | |
| | | | | |

D. If amending the registered agent and/or registered office address in Florida, onter the name of the new registered agent and/or the new registered office address: Name of New Revistered Avent (Florida struct address)

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

(Cip)

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Florida

(Zip Code)

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. | John Doe | | | | |
|-------------------------------|--------------|------------------------------|-----------------|--|--|--|
| X Remove | ¥ | Mike Jones | | | | |
| _X Add | <u>v2</u> | Sally Scrith | | | | |
| Type of Action (Check One) | <u>Title</u> | Name | Address | | | |
| 1) Change | PSTD | CARMEN MARINA VELASQUEZ | 8235 NW 64TH ST | | | |
| Add | | | SUITE#5 | | | |
| X Remove | | | MIAMI, FL 33166 | | | |
| 2) Change | T | Jose enrique salas velasquex | 8235 NW 64TH ST | | | |
| Add | | | SUITE#5 | | | |
| X Remove | | | MIAMI, FL 33166 | | | |
| 3) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 4) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 5) Change | | | - | | | |
| Add | | | | | | |
| Remove | | · | | | | |
| 6)Change | | | | | | |
| ∧ ɗd | | | | | | |
| Remove | | | | | | |

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| Attach additional sheets, (f necessary). | cles, enter change(s) here: (Be specific) |
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| | |
| (an amendment provides for an exch provisions for implementing the sma | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |

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| The date of each amendment(s) ad | loption: | , 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 b document's effective date on the De | lock does not meet the applicable statutory filing requirements, this date will partment of State's records. | l not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were ado by the shareholders was/were su | pted by the shareholders. The number of votes east for the amendment(s) fficient for approval. | |
| | roved 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 | |
| ъу | <u>, , , , , , , , , , , , , , , , , , , </u> | |
| · | (voting group) | |
| ☐ The amendment(s) was/were ado action was not required. | pted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were ado action was not required. | pted by the incorporature without shareholder action and shareholder | |
| 04/12/2016 Dated | | |
| Validi | | |
| Signature | | |
| selected | rector, president or other officer - if directors or officers have not been i, by en incorporator - if in the hands of a receiver, mustee, or other court ed fiduciary by that fiduciary) | _ |
| | ANA KARINA VELASQUEZ GUEVARA | |
| • | (Typed or printed name of person signing) | |
| | VP | |
| • | (Title of person signing) | |

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