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TALLARKSSEE, PLORDA

OCT 0'8 2015

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations FORZA 10 USA CORP NAME OF CORPORATION: P3000072888 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MIHAELA VELICHE Name of Contact Person FORZA 10 USA CORP Firm/ Company 10142 CANOPY TREE CT Address ORLANDO, FL 32836 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **ALESSANDRA PIRAS** Name of Contact Person

Enclosed is a check for the following amount made payable to the Florida Department of State:

NO \$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

Articles of Amendment to Articles of Incorporation of

HUED

15 OCT -7 PH 3: 15

FORZA 10 USA CORP (Name of Corporation as currently filed with the Florida Dept. of State) (SEE STATE STATE ALLAHASSEE, PLOSEA P13000072888 (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: 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable; N/A (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) N/A 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

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.

| X Change | PI | John Doe | |
|-------------------------------|--------------|---------------------|-----------------------|
| X Remove | <u>v</u> | Mike Jones | |
| _X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | <u>v</u> | MLEKUS MASSIMILIANO | 650 West Avenue 2804 |
| Add | | | Miami Beach, FL 33139 |
| X Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | <u> </u> | |
| Add | | | |
| Remove | | | |
| 5)Change | | | |
| Add | | | <u> </u> |
| Remove | | | |
| | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| If amending or adding additional Arti- (Attach additional sheets, if necessary). | (Be specific) |
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| If an amendment provides for an exch | ange, reclassification, or cancellation of issued shares, |
| (if not applicable, indicate N/A) | ndment if not contained in the amendment itself: |
| | |
| I/A | |
| //A | |
| /A | |
| //A | |

| The date of each amendment(s) adoption: | , 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 block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records. | ill not be listed as the |
| 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. | |
| Dated10/01/2015 | |
| Signature Qui Cay | |
| (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) | |
| MIHAELA VELICHE | |
| (Typed or printed name of person signing) | |
| PRESIDENT Richar S | |
| (Title of person signing) | |