## P13000086495

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Aprend. 11-21-13 Dc

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LATIN SEF	RVICE USA COF	RP			
DOCUMENT NUMBER: P13000086495						
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.				
Please return all corresp	pondence concerning this ma	tter to the following:				
	FRONI M JIMEN	EZ				
-	<del></del>	Name of Contact Persor	1			
	LATIN SERVICE	USA CORP				
-		Firm/ Company				
	14249 SW 120Th	1 CT				
-		Address				
	MIAMI, FL 33186	i e				
_		City/ State and Zip Code	e			
FRO	ONIMJIMENEZ@	GMAIL.COM				
		sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
FRONI M JIM	IENEZ	at ( 786_	, 328-2071			
Name o	f Contact Person		de & 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)			
<u>Mail</u>	ing Address	Street	Address			
Ame	ndment Section	Amendment Section				
	sion of Corporations	Division of Corporations				
	Box 6327	Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle						
Tallahassec, FL 32301						

## Articles of Amendment to Articles of Incorporation of

LATIN SERVICE USA CORP		
(Name of Corporation as currently file	ed with the Florida Dept. of State)	<del></del>
P13000086495		<del></del>
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida sits Articles of Incorporation:	Statutes, this Florida Profit Corporation ado	pts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	"Inc," or "Co". A professional corporate	
B. Enter new principal office address, if applicable:		<del></del>
(Principal office address <u>MUST BE A STREET ADDI</u>	RESS)	TE TO
		2 2
		<del> </del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	()	
	<del></del>	······································
D. If amending the registered agent and/or registere		e of the
new registered agent and/or the new registered o	mice address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(Citv), Florida	(Zip Code)
	(City)	(Zip dowe)
New Registered Agent's Signature, if changing Regis		
I hereby accept the appointment as registered agent. I	am jamiliar with and accept the obligations	oj ine 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 <math>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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	V	_	JENNYSABEL GONZALEZ	14249 SW 120TH CT
Add				MIAMI, FL 33186
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add		<u> </u>		
Remove				
6) Change	<del></del>			<del></del>
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Re specific)
(Attach daditional sheets, if necessary).	(be specific)
	•
<del></del>	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	- · · · · · · · · · · · · · · · · · · ·
	<u> </u>

The date of each amendment(s) add	ption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		<u>.</u>
	(no more than 90 days after amendment file date)	
		• ,
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	."	
•	(voting group)	
The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated 11/15/20	13	
Signature	autin	
	ector, president or other officer - if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
цроте	a reasonly by the reasonly,	
F	FRONI M JIMENEZ	_
_	(Typed or printed name of person signing)	<del></del>
ŧ	PRESIDENT	
_	(Title of person signing)	