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Certified Copies	Certificates of	of Status
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SEP 20 2017 T. 'FIMELD:

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NOVO DISTRI	BUTORS, INC.
DOCUMENT NUMBER: P95000056564	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	 matter to the following:
JORGE OLCINA PONCE	
IBERIA USA SERVICES	Name of Contact Person , INC.
8426 NW 70 STREET	Firm/ Company
MIAMI, FL 33166	Address
-	City/ State and Zip Code
aniclojorge@gmail.com	
E-mail address: (to b	used for future annual report notification)
For further information concerning this matter, p	ease call:
Jorge Olcina Ponce	at (786) 370-3094
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	l de payable to the Florida Department of State:
\$35 Filing Fee Sectificate of Status	., •
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 Tallahassec, FL 32301

Articles of Amendment to Articles of Incorporation of

NOVO DISTRIBUTORS, INC.

MOVO DISTRIBUTORS, INC.		
(Name of C	orporation as currently filed with the Flori	ida Dept. of State)
P95000056564		
	(Document Number of Corporation (if know	vn)
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6. Florida Statutes, this <i>Florida Profit Corpo</i>	ration adopts the following amendment(s) to
A. If amending name, enter the new name	of the corneration:	
IBERIA USA SERVICES. INC.		The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	the word "corporation," "company," or "n" Corp," "Inc," or "Co". A professional of the abbreviation "P.A."	"incorporated" or the abbreviation corporation name must contain the
B. Enter new principal office address, if a		
(Principal office address <u>MUST BE A STRI</u>	EET ADDRESS)	
C. Enter new mailing address, if applicab		
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX)	
		_
D. If amending the registered agent and/on new registered agent and/or the new re	r registered office address in Florida, enter	the name of the
Name of New Registered Agent		
	[] (Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chan		
I hereby accept the appointment as registered	l agent. I am familiar with and accept the ob	oligations of the position.
		22
	Signature of New Registered Agent, if ch	anging SEP
		P 19
	Page 1 of 4	E STA

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 Joh	ın Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	 <u> Name</u> 	<u>Addres</u> s
1) X Change	Pres	Jorge Olcina Ponce	8426 NW 70 Street
Add			Miami, Fl 33166
Remove			
2) X Change	VP/Sec	Juan C. Novo	2871 SW 143 Place
Add			Miami, Fl 33175
Remove	CFO	Jorge Olcina Ponce	8426 NW 70 Street
3) X Change		II	
Add			Miami, Fl 33166
Remove			
4) Change			
Add			
Remove		i I	
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles.	 enter change(s) here:
(Attach additional sheets, if necessary). (Be	specific)
	<u> </u>
	<u> </u>
· · · · · · · · · · · · · · · · · · ·	
F. If an amendment provides for an exchange	reclassification, or cancellation of issued shares,
provisions for implementing the amendme	nt if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	<u> </u>
	<u> </u>
	<u></u>
-	
	<u> </u>
	II

The date of each amendment(s) adoption date this document was signed.	n:, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block of document's effective date on the Departm	oes not meet the applicable statutory filing requirements, this date will not be listed as them of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) t for approval.
	by the shareholders through voting groups. The following statement 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)
	(voting group)
☐ The amendment(s) was/were adopted baction was not required.	y the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	y the incorporators without shareholder action and shareholder
Dated Cent	170 2017
Signature	
	, president or other officer - if directors or officers have not been
selected, by	n incorporator – if in the hands of a receiver, trustee, or other court
appointed fic	uciary by that fiduciary)
Jorge	Olcina Ponce
	(Typed or printed name of person signing)
Presid	ent
	(Title of person signing)