(Re	equestor's Name)	<del></del>		
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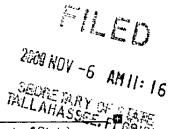
# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	VERUSA, C	ORP.		
DOCUMENT NUMBER: P	070000478	72		
The enclosed Articles of Amend	dment and fee are	submitted for fili	ng.	
Please return all correspondence	e concerning this r	natter to the follo	owing:	
		ORTIZ, CPA		
	(Name of C	contact reison)		
	SUAREZ, CEBA	LLOS, ORTIZ & VE	EGA, CPA'S	
	(Firm/	Company)		
	354 SE	VILLA AVENUE		
	(A	ddress)		
		ABLES, FL 33134		
	(City/ State	and Zip Code)		
For further information concern	ing this matter, pl	ease call:		
ALEX ORTIZ, CPA		at ( <u>305</u>	) 448-5255 EX	
(Name of Contact Per	rson)	(Area Co	de & Daytime Tel	ephone Number)
Enclosed is a check for the follo	wing amount mad	le payable to the	Florida Departi	ment of State:
	Filing Fee & ate of Status	S43.75 Filing Certified Copy (Additional co	y	\$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	S	Street Address Amendment S Division of Co Clifton Buildin 2661 Executiv	ection orporations	<b>;</b>

Tallahassee, FL 32301

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



## VERUSA, CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

### P07000047872

(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:

e and contain the word "corporation," "Inc.," or Co.," or the designation ame must contain the word "charte	"Corp," "Inc," or
applicable: EET ADDRESS )	
<u>ble:</u> FICE BOX)	
or registered office address in Florida, egistered office address:	enter the name of the
	<del></del>
(Florida street address)	
(City)	, Florida (Zip Code)
nging Registered Agent:	
	i.," "Inc.," or Co.," or the designation ame must contain the word "charte applicable:  EET ADDRESS )  ble: FICE BOX)  or registered office address in Florida, a egistered office address:  (Florida street address)

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) Title **Type of Action** <u>Name</u> Address **HELIO DUBROCA** 879 EAST 25TH STREET 🛭 Add HIALEAH, FL 33013 ■ Remove ☐ Add ☐ Remove 📮 Add □ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendme	ent(s) adoption: OCTOBER 31, 2008
Effective date if applicable	OCTOBER 31, 2008
	(no more than 90 days after amendment file date)
Adoption of Amendment(s	s) ( <u>CHECK ONE</u> )
` ,	were adopted by the shareholders. The number of votes cast for the amendment(s)/were sufficient for approval.
	were approved by the shareholders through voting groups. The following statemen ided for each voting group entitled to vote separately on the amendment(s):
"The number of vot	es cast for the amendment(s) was/were sufficient for approval
by	.,,
	(voting group)
The amendment(s) was/action was not required.	were adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/ action was not required.	were adopted by the incorporators without shareholder action and shareholder
Dated_X	× Shancay
Signature	X No him C 19
( s	elected, by an incorporator – if in the hands of a receiver, trustee, or other court
a	ppointed fiduciary by that fiduciary)
	HELIO DUBROCA
	(Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)