## P140000534444

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ROR 8/4/14 Athe: Mas. Anne Ho. No. 5546 P. 1

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: M. M. ENTE	RPRISES USA	INC.
DOCUMENT NUMBER: P14000052444		
The enclosed Articles of Amendment and fee are sub-		
Please return all correspondence concerning this matte	er to the following:	
BERTHA ROSAR	10	
ROSARIO ACCO	Name of Contact Person UNTING AND IN	
16953 NE 22 AVE	Firm/ Company	
NORTH MIAMI BE	Address EACH FL 33160	)
	City/ State and Zip Code	}
brosario@bellsouth.n		
E-mail address: (to be use	ed for future annual report	notification)
For further information concerning this matter, please	e cali:	_
Bertha Rosario	at (305	945-7686 de & Daytime Telephone Number
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Depa	ertment of State:
□ \$35 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	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations on Building Executive Center Circle assee, FL 32301

## Articles of Amendment Articles of Incorporation

FILED 2014 AUG -4 AM 11: 16

M. M. ENTERPRISES USA, INC

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

P14000052444

ndment(s) to

(Document Number of Corporation (if known)	
suant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpor</i> e.  Articles of Incorporation:	ation adopts the following amen
If amending name, enter the new name of the corporation:  . M. ENTERPRISE USA, INC.	The
me must be distinguishable and contain the word "corporation," "company," or 'orp.," "Inc.," or "Co.," or the designation "Corp," "Inc," or "Co". A professional rd "chartered." "professional association," or the abbreviation "P.A."	'incorporated" or the abbrevio
Enter new principal office address, if applicable: incipal office address MUST BE A STREET ADDRESS )	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office address in Florida, enter new registered agent and/or the new registered office address:	the name of the
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	, Florida
(City)	(Zip Çode)
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the o	bligations of the position.
Signature of New Registered Agent, if changing	

If amending the Officers and/o	r Directors, enter the titl	e and name of each officer/	director being removed an	id title, name, and
address of each Officer and/or			-	•

(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 Dae 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	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u> Nате</u>	Address
1) Change			·
Add			
Remove			
2) Change		<del></del>	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add		·	· · · · · · · · · · · · · · · · · · ·
Remove			
5) Change			
Vqq		•	
Remove			
6) Change		•	
Add			
Remove			

	g or adding addition	MI Alticies, effici Ci	ange(s) here.		
ttach <i>addi</i>	itional sheets, if neces	sary). (Be specific	·)		
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					,
If an ame	adment provides for	an exchange, recla	ssification, or ca	ncellation of issued	shares,
provisio	ndment provides for us for implementing	the amendment if n	ot contained in t	<u>he amendment itsel</u>	<u>6:</u>
(if no	ot applicable, indicate	₽ N/A)			
	. *				
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The date of each amendment(s) addition this document was signed.	option:	, if other than the
	29/2014	
Mective date <u>Il applicanie</u> .	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendmant(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
hy	(voting group)	
; 	(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 add action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 08/04/20	014	
Signature	Figia Unero	<del></del>
selecte	lirector, president or other officer — if directors or officers have not been ad, by an incorporator — if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)	
1	LIGIA MORENO	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	