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COVER LETTER

Division of Corporations · NAME OF CORPORATION: Riviera Capital USA Corp. P02000022068 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Alfredo Xiques Name of Contact Person Garcia & Xiques PA Firm/ Company 2950 SW 27 Ave, Suite 100 Address Miami, FL 33133 City/ State and Zip Code axiques@rptgfla.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Alfredo Xiques at (305) 358-4800 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

TO: Amendment Section

Articles of Amendment to Articles of Incorporation of

Riviera Capital USA Corp.	l
(Name of Corporation as currently fi	iled with the Florida Dept. of State)
P02000022068	
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Weston Capital USA Corp.	7
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.A.	". A professional corneration name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	7500
	S\$ = C
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	22 F
D. If amending the registered agent and/or registered office address new registered agent and/or the new 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 a	address)
New Registered Office Address:	Florida
(Cit	
N. D. L. L. L. L.	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	
the coy seekprine appointment as registered agent. I am jumitiar with	and accept the obligations of the position.
	l L
Signature of New Regis	stered Agent, if changing
- 7	, ,

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 John Doc X Remove $\underline{\mathsf{v}}$ Mike Jones X Add <u>SV</u> Sally Smith Type of Action Title <u>Name</u> **Address** (Check One) P/D Marco DeSouza 2828 Coral Way, Suite 303 1) ____ Change Miami, FL 33145 Add __ Remove D, VP, S Patrick Orlando 2828 Coral Way, Suite 404 2) ____ Change Miami, FL 33145 ___ Add Remove 3) ____ Change Add __ Remove 4) ____ Change ____ Add __ Remove 5) ____ Change __ Add _ Remove 6) ____ Change _ Add

__ Remove

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
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an amendment provides for an exchi	ange, reclassification, or cancellation of issued shares,	
rovisions for implementing the amen	idment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		I
		

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, the document's effective date on the Department of State's records.	is date will 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 by the shareholders was/were sufficient for approval.	nent(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following stemust be separately provided for each voting group entitled to vote separately on the amendment(s).	stement
"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 share action was not required.	nolder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	r
Dated01/10/2018	
Signature	
(By a director, president or other officer – if directors or officers have not b selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	court
Horacio Cruz	
(Typed or printed name of person signing)	
Director / CEO	
(Title of person signing)	