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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NINA ENTERPRISES USA INC NAME OF CORPORATION: P02000072013 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person NINA ENTERPRISES USA INC Firm/ Company 520 BRICKELL KEY DRIVE # 1712 Address City/ State and Zip Code Pinaenterprises @ yahoo.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 305 ) 992-7956

Area Code & Daytime Telephone Number SUNIL 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 Certified Copy Certificate of Status 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** 

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to

## Articles of Incorporation

of

NINA	ENTERPRISES	USA,	INC
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NINA ENTERPRISES USA,	<del> </del>	
_	as currently filed with the Florida Dept. of State)	
P02000072013		
(Document	t Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Stats Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new name of the corpo	oration:	
N/A		The new
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," " word "chartered," "professional association," or the abb	"Inc," or "Co". A professional corporation name mus	abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>		
	<del></del>	
C. Enter new mailing address, if applicable:	,	99 (5円) い 西葉
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	N/A	
		<u> </u>
		PH P: 02
<ol> <li>If amending the registered agent and/or registered office new registered agent and/or the new registered office</li> </ol>		13 JUNE
	N/A	6
Name of New Registered Agent		_
	(Florida street address)	<del></del>
	•	
New Registered Office Address:	(Cin), Florida	
	(	
New Registered Agent's Signature, if changing Register	red Agent:	
hereby accept the appointment as registered agent. I an	n Jamiliar with and accept the obligations of the position	-
	. 1.	
N	1/A	

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 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	NINA NARSON	520 BRICKELL KEY DRIVE
Add			# 171Z
X Remove			MIAMI, FL 33131
2) X Change	<u>P</u>	SUNTL MARSON	520 BRICKELL KEY DRIVE
Add			#1712
Remove			MTAMI FL 33131
3 ) Change	<u></u>	STLVIA ELLISON	520 BRICKELL KEY DRIVE
X_ Add			<u>#1712</u>
Remove			MIAMI , FL 33131
4) Change			
Add			
Remove			
5) Change			
Add			<del></del>
Remove			
6) Change			
Add			
Remove			

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f an amendment provides	for an exchange,	reclassification,	or cancellation of is	sued shares,	
provisions for implementi	ng the amename	nt ii not containe	a in the amenamen	t itseif:	
(if not applicable, indic	,,	N/A			
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The date of each amendment(s) adoption: AUGUST 31, date this document was signed.	2018 , if other than the
	11-2
Effective date if applicable: AUGUST 31 20 (no more than 90) days after	r amendment file date)
Note: If the date inserted in this block does not meet the applicable statut document's effective date on the Department of State's records.	ory filing requirements, this 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 by the shareholders was/were sufficient for approval.	f votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separate.	groups. The following statement attended the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient	t for approval
by(voting group)	, n
The amendment(s) was/were adopted by the board of directors without shaction was not required.  The amendment(s) was/were adopted by the incorporators without sharehe action was not required.	
Dated_ AUGUST 31, 2018	
Signature  Survilation  (By a director, president or other officer – if directed, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary)	ctors or officers have not been a receiver, trustee, or other court
SUNTL NARSON	
(Typed or printed name of per	son signing)
PRESIDENT / DIREC	CTOR
(Title of person si	gning)