

20/10/2015

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H15000250607 3)))



H150002506073ABC-

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

## To:

Division of Corporations  
Fax Number : (850)617-6380

## From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.  
Account Number : I20020000100  
Phone : (305)944-9755  
Fax Number : (888)401-1914

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: ACCOUNTING3@SILVASBOX.COM

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
ASUCAR INTERNATIONAL CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

((H15000250607 3)))

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF  
ASUCAR INTERNATIONAL CORPORATION  
(Present Name)  
(A Florida Profit Corporation)**

**FIRST:** The date of filing the articles of organization was 11/12/2002

**SECOND:** The following amendment(s) to the articles of organization was/were adopted by the Florida Profit Corporation and indicate article number(s) being amended, (added or deleted):

**Article VII – Name and Address of the officers and initial board of directors shall be: Profit Corporation.**

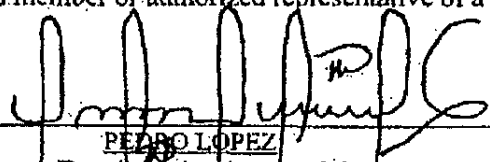
- a) The Vice president /Secretary Director of the Organization shall be **DELETE** the following:

Name & Address	Title
LOPEZ, ANNYURY 1671 NW 144 <sup>TH</sup> TERRACE SUITE 108 SUNRISE, FL 33323	VP
MONCADA, ALIRIA M 1671 NW 144 <sup>TH</sup> TERRACE SUITE 108 SUNRISE, FL 33323	SD

**Dated** OCTOBER 20, 2015

Signature of a member or authorized representative of a member

Signature

  
PEDRO LOPEZ  
Typed or printed name of signer

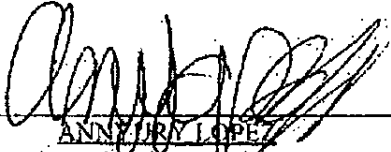
FILED  
15 OCT 21 AM 7:12  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE  
FLORIDA

((H15000250607 3)))

((H15000250607 3)))

Signature of a member or authorized representative of a member

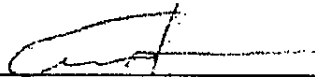
Signature



ANNETRY LOPEZ  
Typed or printed name of signer

Signature of a member or authorized representative of a member

Signature



ALIRIA M MONCADA  
Typed or printed name of signer

((H15000250607 3)))