P03000142999

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MAY 17 2012 C. MUSTAIN



COVER LETTER

TO: Amendment Section Division of Corporations

	EDO AMBO	LIOA CODD	
NAME OF CORPOR	RATION: ERCAMPO	USA CORP	
DOCUMENT NUMI	BER: P0300014299	9	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	ANTONIO CAMP	OVERDE	
		Name of Contact Person	n
		Firm/ Company	
		Address	
	4131SW 31 ST [OR WEST PAR	K FLORIDA 33023
		City/ State and Zip Cod	e
	E-mail address: (to be us	sed for future annual report	notification)
P		oo oollo	
For further information	n concerning this matter, pleas	se can:	
MARIA ELEN	IA INFANTE	at (954	297-1412
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle
		i aliana	assee, FL 32301

Articles of Amendment to Articles of Incorporation

	01
ERCAMP	O USA CORP.
(Name of Corporation as currently filed with	the Florida Dept. of State)
P030001	142999
(Document Number of Corporat	ion (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following mendmen
A. If amending name, enter the new name of the corporatio	<u>n:</u>
	The new
	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the tion "P.A."
B. Enter new principal office address, if applicable:	4131 SW 31 ST DR
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	WEST PARK FL 33023
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4131 SW 31 ST DR WEST PARK FL 33023
4131 SW 31	dress: DE ANTONIO ST DR
·	da street address)
New Registered Office Address: WEST PARK	, r lorida -
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registree agent. I am fam. Signature of New Register	gent: iliar with and accept the obligations of the position. ered Agent, if changing

Page 1 of 4

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 Job	<u>ın Doe</u>	
X Remove	<u>V</u> <u>M</u> i	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) × Change Add Remove	P .	CAMPOVERDE AGUILAR ANTONIO	4131 SW 31 ST DR WEST PARK FL 33023
2) × Change Add Remove	<u>v</u>	CAMPOVERDE SANTIAGO P	4131 SW 31 ST WEST PARK FL 33023
3) X Change Add Remove	<u>D</u>	CAMPOVERDE ANTONIO	4131 SW 31 ST WEST PARK FL 33023
4) X Change Add Remove	<u>D</u>	CAMPOVERDE ANDRES	4131 SW 31 ST WST PARK FL 33023
5) × Change Add Remove	<u>x</u>	CAMPOVERDE FRANCISCO	4131 SW 31 ST WEST PARK FL 33023
6) Change Add Remove			

attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	//
	*
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment	t(s) adoption: 02/20/2012
Effective date <u>if applicable</u> :	01/20/2012
enective date <u>ir applicable</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Signature (E	By a director, president of other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court propinted fiduciary by that fiduciary)
	ANTONIO CAMPOVERDE
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)