P06000138978

(Requestor's Name)	_
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Business Entity Name)	
(Document Number)	
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JUL 14 2017 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: COTRINA USA, I	INC	
DOCUMENT NUMB			
	of Amendment and fee are su	ibmitted for filing.	
Please return all corresp	condence concerning this ma	tter to the following:	
	ALICIA COTRINA		
-		Name of Contact Perso	n
	COTRINA USA, INC		
-		Firm/ Company	
_	12372 QUAIL ROOST RD		
_		Address	
	MIAMI, FL 33177		
-		City/ State and Zip Coc	le
ERICA	ALCALDE90@GMAIL.CO:	M	
	E-mail address: (to be us	sed for future annual report	notification)
		•	•
For further information	concerning this matter, pleas	se call:	
ALICIA COTRINA		at (274-9989
Name of Contact Person			ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
S35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Articles of Incorporation of

COTRINA USA. INC

(Name of Corporation as	s currently filed with the Florida Dept. of State)
P06000128978	
(Document)	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
	The new corporation," "company," or "incorporated" or the abbreviation lnc," or "Co". A professional corporation name must contain the eviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u>SS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered o new registered agent and/or the new registered office	
Name of New Registered Agent	
New Registered Office Address:	Florida street address) , Florida
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am	ed Agent:
Sionature	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.

X Change	<u>PT .</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>	ERIC ALCALDE	16840 SW 92 AVE
Add			VILLAGE OF PALMETTO BAY
X Remove			FLORIDA 33157
2) Change			
Add			
Remove			
3) Change	,		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>addii</i>	or adding additional ional sheets, if necessa	ry). (Be specific)				
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fan amaas	mant analidas fas as		e		. t	
<u>provisions</u>	ment provides for an for implementing the	exchange, reclassi amendment if not	contained in the ar	nendment itself	inares.	
(if not	pplicable, indicate N	1)			- .	
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date this document was signed.	ption:, if other than
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Department	ck does not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder
Dated $\frac{7/5/i}{}$	1 Cotrus
selected.	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court I fiduciary by that fiduciary)
•	ALICIA COTRINA
_	(Typed or printed name of person signing)
	PRESIDENT
_	(Title of person signing)

the

the