

May 30, 2013

## FLORIDA DEPARTMENT OF STATE

Division of Corporations

PSS INTERNATIONAL TRADING, INC 5201 BLUE LAGOON DR 848 MIAMI, FL 33126

SUBJECT: PSS INTERNATIONAL TRADING, INC

REF: P07000006694

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filling of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist FAX Aud. #: H13000119263 Letter Number: 913A00013628

R. WHITE

FAX No.

5/30/13

Division of Corporations

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN PSS INTERNATIONAL TRADING, INC

Certificate of Status	0
Certified Copy	0
Page Count	04
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-13 MAY 31 PM 3: 26

Articles of Amendment to Articles of Incorporation SECRETARY OF STATES

	of			
PSS INTERNATIONAL 7	FRADING, INC			,
(Name of Corporation as	currently filed with the Fi	orida Dept. of State)		
	07000006694			
(Documer	nt Number of Corporation (if	(known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this i	Florida Profit Corporation ado	pts the following an	nendment(s) to
A. If amending name, enter the new na	me of the corporation:			
				ме леж
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," or "i tion," or the abbraviation "	Co". A professional corporati	ated" or the abbri ion name must con	sviation tain the
B. Enter new principal office address. (Principal office address MUST BE A S	<u>if applicabla:</u> TREET ADDRESS )			
	·			
C. Enter new mailing address, if appl	icabia:			
(Mailing address MAY BE A POST	OFFICE BOX)			
D. If amending the registered agent ar	ndlow westerend office adds	ress in Marida, anter the name	n of the	
now registered agent and/or the ne	w registered office address		(0. 0.00	
Name of New Registered Agent	VERONICA AVI	LES		
	4680 NW 114 A	VENUE UNIT 209		
	(Florida sir	eel address)		
New Registered Office Address:	MIAMI	Florida F	Zip Code)	
	(City)		(Zip Code)	
New Registered Agent's Signature, if a I hereby accept the appointment as regis	hanging Registered Agent izredageni. Pam fafullar	with and accept the obligations	of the position.	
Si	gnature of New Registered	Igent, if changing		

If amonding the Officers and/or Directors, enter the title and name of each officer/director be	ing removed and title, name, and
address of each Officer and/or Director being added:	

(Assach 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 Cierk; 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 Due is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the carporation, Saily 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 D	<del>loc</del>	
X Remove	<u>Y</u>	Miko J	<u>Ones</u>	
_X Add	<u>sv</u>	Sally S	mith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	CCC	2	COLL CARLOS	1451 SOUTH MIAMI
Add				AVE MIAMI,FL33170
X_Remove				
2) Change	PD		VERONICA AVILES	4680 NW 114 AVE
X Add				MIAMI, FL 33178
Remove				
3 ) Change		<del></del>		
Add				
Remove				·
4) Change		_		
Add				
Remove				
5) Change			<u> </u>	
Add			•	
Remove				
6) Change			,	
Add				
Remove				

E. <u>I</u> ! (#	f amending or adding additional Arti Attach <i>addissonal sheets, if necessary).</i>	icles, enter change(s) pere: (Be specific)
	"	
		·
F. <u>I</u>	f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reciassification, or cancellation of issued shares, adment if not contained in the amendment itself:
	,	

The date of each amendment	(s) adoption: 05/24/2023	
Effective date if applicable:	05/24/2013	
ETIECOVE CARE II APPRICADIC.	(no more than 90 days after amendment	file date)
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/web by the shareholders was/web	re adopted by the shareholders. The number of votes cast free sufficient for approval.	or the amendment(s)
	re approved by the shareholders through voting groups. The dfor each voting group entitled to vote separately on the a	
"The number of votes	cast for the amendment(s) was/were sufficient for approva	1
by	(voting group)	7 <b>&gt;</b>
,	(roting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder act	ion and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action a	and shareholder
Dated	05/24/2013	
Signature	and this test	
(E	y a director, president or other officer - if directors or officer	
	elected, by an incorporator - if in the hands of a receiver, the	istee, or other court
ង្	prointed fiduciary by that fiduciary)	
	Veronico fues	
	(Typed) or printed name of person signing)	l
	Tresident.	
•	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·