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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION:	APOSTILLA USA SERVICES, INC.		
DOCUMENT NU	MBER:	P07000067695		
The enclosed Artic	les of Amendment an	d fee are submitted for filing.		
Please return all co	rrespondence concern	ing this matter to the following:		
		JANETTE VALENCIA		
		Name of Contact Person		
	APO	OSTILLA USA SERVICES, INC		
		Firm/ Company		
_		12515 ORANGE DR #806		
		Address		
_		DAVIE, FL 33330		
		City/ State and Zip Code		
	E-mail address: (to	be used for future annual report notification)		
For further informa	tion concerning this n	natter, please call:		
JANI	ETTE VALENCIA	at (786) 501,1294		
Name	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check	for the following amo	ount made payable to the Florida Department of State:		
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)		
Mailing Ad Amendment Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassec, FL 32301

Articles of Amendment
to
Articles of Incorporation
2000
APOSTILLA USA SERVICES, INC
(Name of Corporation as currently filed with the Florida Dept. of State)
Articles of Amendment to Articles of Incorporation of APOSTILLA USA SERVICES, INC (Name of Corporation as currently filed with the Florida Dept. of States of AHASSEE, FLORIDA (Document Number of Corporation (if known)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: 1821 SW 135 WAY
(Principal office address <u>MUST BE A STREET ADDRESS</u>) MIRAMAR, FL 33027
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent: JOSE OSPINA
New Registered Office Address: (Florida street address)
MIRAMAR , Florida 33027 (City) (Zip Code)
(City) (Etp Code)
New Registered Agent's Signature, if changing Registered Agent
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
- Faller
Signature of New Registered Agent, if changing

Page 1 of 3

emoved	and title, name, and address of diditional sheets, if necessary)	s, enter the title and name of each each Officer and/or Director bein	g added:
<u>itle</u>	Name .	Address	Type of Action
			— ·
			L Remove
			Remove
			Remove
(attach	additional sheets, if necessary).	(Be specific)	
provi	amendment provides for an exc sions for implementing the ame f not applicable, indicate N/A)	change, reclassification, or cancelled and the am	ation of issued shares, nendment itself:
······································			
			