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Office Use Only



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SECTION FOR SECTION TALESCOPE TO PM 3: 44

AUG 16 2016

R. WHILE

COVER LETTER

NAME OF CORPORATION:

DOCUMENT NUMBER:

PO 7 000 | 32 | 2 |

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

INVICUNEY USA JAC
Firm/ Company

SVIE 1080

Address

Micmi, L. 33131

City/ State and Zip Code

E-mail addless: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at (305) 442-8648

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

F11.20

	rticles of Incorporation 16 AUG -8 PM 3: 44
Invercenter	USA TINC . TATEL MAY IT STATE
(Name of Corporation	n as currently filed with the Florida Dept. of State)
P 67 000	132 2
(Docume	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	NIA _
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the al	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	VESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A.
·	·
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	d office address in Florida, enter the name of the ffice address:
Name of New Registered Agent	N/A.
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I describe the appointment as registered agent.	tered Agent: am familiar with and accept the obligations of the position.
	NIA
Signati	ure 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.

Example: X Change	<u>PT</u>	John Doe		,
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action	Title	<u>Name</u>		<u>Addres</u> s
(Check One) 1) Change	QV_	Sanitiago M	aldonado	1395 Brickell Ave
Add		- 0		Svite 1080
Remove				Micmi, FL 33131
2) Change	VP	Francisco Yu	12	1395 Brichell Mre
Add				Suffe 1080 Hicimi, 4
Remove				20(0)
3) Change				
Add			`	
Remove				
4) Change				
Add		,		
Remove				· · · · · · · · · · · · · · · · · · ·
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets	;, if necessary). (Be	specific)	NA		
,					
an amendment provi	des for an exchange	, reclassification	or cancellation of	issued shares,	
provisions for implement (if not applicable, i	indicate N/A)	MIA-		ent itseir:	
		- N/IV			
· · · · · · · · · · · · · · · · · · ·		<u></u>			

The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> : 7 26 2016	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 7/26/2014	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Francisco Perez	
(Typed or printed name of person signing)	
Mesi dunt	
(Title of person signing)	