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SECRETARY OF STATE

On Alan

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: USA Moster Insusport Service, Inc
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DelFilla Montor Name of Contact Person
USA Moster Ynsuspent Service Inc
10490 Esst port Lotte S. Onbudo FL 32832

## **Articles of Amendment**

to

Articles of Incorporation

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(Name of Corporation as currently filed with the Florida Dept. of State)
108000040491
(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:
(Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  REPORT OF THE STATE
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: DELFILA MUNOZ
Name of New Registered Agent:  DELFILA MUNOZ  10490 East panh Lalle St.  New Registered Office Address: (Florida street address)  On how the state of the state o
(City) (Zip 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.  Signature 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)

<u>Title</u>	Name	Address	Type of Action
<u>P</u> _	Dalfilia MUNIOR Dahain L Rojas	10490 East Park Lote Dy. Orlando Fl. 32832	Add Remove
P	DAMAIN L Rojas	10490 EAST PONH LANGE BY OR DANGE FI. 32852	Add Remove
			Add Remove
	ding or adding additional Articles, entended and articles, entended and articles, if necessary). (Be spe		
provisi	mendment provides for an exchange, roons for implementing the amendment in applicable, indicate N/A)		

Effective date if applicable:  (date of adoption is required)  (no more than 90 days after amendment file date)
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 statemen 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 August 6, 2009
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
DelFilis Muñoz
(Typed or printed name of person signing)
President