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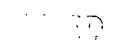
## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF COURS	VERSA AMERIC	JA CORP	
NAME OF CORPO	)		
DOCUMENT NUM	IBER:		
The enclosed Article	s of Amendment and fee are su	abmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	JUAN VERA		
		Name of Contact Person	1
	VERSA AMERICA CORP		
	5651 DAVIE RD. SUITE C	Firm/ Company	
		Address	- ,
	DAVIE, FL 33314	ridiress	
	<del> </del>	City/ State and Zip Code	e
	E-mail address: (to be u	sed for future annual report	notification)
	· ·		
For further information	on concerning this matter, pleas	se call:	
JUAN VERA		954 at (	. 2880040
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check (	or the following amount made	navable to the Florida Dens	artment of State:
isherosea is a check i		parable to the Frontal isop.	nument of blane.
\$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)
<u>Ma</u>	illing Address	Street	Address
	nendment Section		Iment Section
	rision of Corporations  D. Box 6327		on of Corporations Building
	D. 608 0327 Hahassee: FL 32314		Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation**



of VERSA AMERICA CORP

VERSA AMERICA CORP			2015	VOT 19 PH 4:
( <u>Name of Corpora</u> POSKKKKKKKKK	tion as currently	filed with the Floric	la Dept. of State)	
(Doct	iment Number of C	Corporation (if know	n)	<del></del>
tursuant to the provisions of section 607,1006, Flori s Articles of Incorporation:	da Statutes, this $F$	lorida Profit Corpor	ation adopts the follow	ving amendment(s) t
. If amending name, enter the new name of the	corporation:			
				The new
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Cor word "chartered," "professional association," or th	p, " "Inc, " or "C	o . A professional		
B. Enter new principal office address, if applicable Principal office address MUST BE A STREET AL				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX</u> )			
). If amending the registered agent and/or regist	ered office addre	ss in Flo <u>rida, enter</u> (	the name of the	
new registered agent and/or the new registere	d office address:			
Name of New Registered Agent			<del></del>	<del></del>
	(Florida stree	t address)		
New Registered Office Address:			, Florida	
	((	Túy)		ip Code)
ew Registered Agent's Signature, if changing Research the appointment as registered agent.		th and accept the obl	ligations of the position	u.
Sie	nature of New Res	gistered Agent, if cha		<del>-</del>

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 <math>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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)  1) Change	<u>Title</u> D	MANUEL G. SOLORZANO	Address  1555 BONAVENTURE BLVD  SUITE 1020
Add X Remove			WESTON, FL 33326
2) Change Add Remove		<u> </u>	
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove		_/	
6) Change / Add Remove			

ach additional sheets, if necessary). (Be spee	cific)
near caramental success, if necessary, — (1) spec	ogo /
	,
	<del></del>
<del></del>	
amendment provides for an evchange rec	lassification, or cancellation of issued shares,
visions for implementing the amendment if	not contained in the amendment itself:
(if not applicable, indicate N/A)	

• • •	11. 12.19.	
The date of each amendment(s) addate this document was signed.	loption:	, if other than th
Effective date <u>if applicable</u> :		
	(no more than 90) days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this c partment of State's records.	date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment flicient for approval.	l(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following staten each voting group entitled to vote separately on the amendment(s):	nent
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and sharehold	der
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
11-12-201	9	
DatedSignature	uea bra.	
(By a di selected	rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other contend fiduciary by that fiduciary) JUAN VERA	
	(Typed or printed name of person signing) DIRECTOR	<del></del>
	(Title of person signing)	