

PI00000096064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

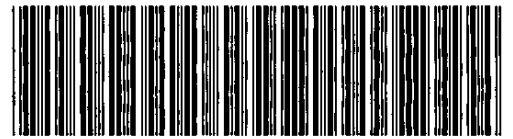
(Business Entity Name)

(Document Number)

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900263477589

Amend

900263477589  
09/23/14--01016--018 \*\*3

2014 SEP 23 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/1/14



**Schenk & Associates, PLC**  
Counselors at Law

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

September 19, 2014

**Re: Articles of Amendment / Doc # P10000096064**  
**USA 4 Everyone Inc.**

To whom it may concern:

Attached please find cover letter, signed articles of amendment and check #1393 for LWS Group Corporation for \$35 issued to "Florida Department of State" for your furl processing.

If I can be of any further assistance, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephan W. Schenk". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Stephan W. Schenk, J.D.\*  
Client Relations Manager

*\*admitted to the Georgia Bar only*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: USA 4 EVERYONE INC.

DOCUMENT NUMBER: P10000096064

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

Please return all correspondence concerning this matter to the following:

Stephan Schenk

Name of Contact Person

Schenk & Associates, PLC

Firm/ Company

1001 Brickell Bay Drive, Suite 1200

Address

Miami, Florida 33131

City/ State and Zip Code

sws@schenk-law.com

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

For further information concerning this matter, please call:

Stephan Schenk

Name of Contact Person

at ( 305 ) 444-2200

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  
to  
Articles of Incorporation  
of

FILED

2014 SEP 23 PM 2:30

USA 4 EVERYONE INC.

(Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P10000096064

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment 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)

1001 Brickell Bay Drive

Suite 1200

Miami, Florida 33131

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

1001 Brickell Bay Drive

Suite 1200

Miami, Florida 33131

**D. If amending the registered agent and/or registered office address in Florida, enter the name of new registered agent and/or the new registered office address:**

Name of New Registered Agent

Schenk & Associates, PLC

1001 Brickell Bay Drive, Suite 1200

(Florida street address)

New Registered Office Address:

Miami


(City)

, Florida 33131

(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)*

*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 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, 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 Mike Jones, V as Remove, and Sally Smith, SV as an Add.*

**Example:**

X Change                      PT      John Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>D, P</u>	<u>Gordon Hermanni</u>	<u>347 Sloane Street</u>
<input type="checkbox"/> Add			<u>Deniliquin, New South Wales</u>
<input checked="" type="checkbox"/> Remove			<u>2701 Australia</u>
2) <input type="checkbox"/> Change	<u>D,P</u>	<u>Susan Baller</u>	<u>Detlefsenweg 9 b</u>
<input checked="" type="checkbox"/> Add			<u>24960 Gluecksburg</u>
<input type="checkbox"/> Remove			<u>Germany</u>
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

Page 3 of 4

The date of each amendment(s) adoption: 09/12/2014, if other  
date this document was signed.

Effective date if applicable: 09/12/2014  
(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 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 09/19/2014

Signature

*M. with Power of Attorney*  
(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)

Susan Baller

(Typed or printed name of person signing)

President

(Title of person signing)