P1100000357

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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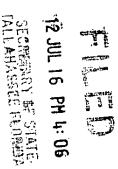
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T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

^	
NAME OF CORPORATION: America	AN CHIZEN USA, TWO.
_ `	060357
The enclosed Articles of Amendment and fed	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Denn	Name of Contact Person
(Name of Contact Person
Ameri	CAN CHIZEN USA, TNC. Firm/Company
· ·	
	5395 Grand Pack Place Address
	Boca Raton, Florida 33486 City/ State and Zip Code
	City/ State and Zip Code
	The is (i) assistation from
E-mail address: (Dennis (A) gigis Attic. com to be used for future annual report notification)
·	
For further information concerning this matte	er, please call:
TAULA MARIE SACCOMANN	(O at (561) 716-6806
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	t made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing F Certificate of S	
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

O O	·I
American Citizen USA. To	(if known) SEC. SEC. SEC. SEC. 17.
(Name of Corporation as currently filed with the	Florida Dept. of State)
P11000060357	12 JUL 16 PM.
(Document Number of Corporation	(if known) SECTION 4: 07
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Bix Buy U.S. com Jusc.	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
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)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent (Florida S	real address)
New Registered Office Address: (City	, Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
Signature of New Registered	A depart if the program
Signature of New Registered	Azem, iji chanzinz

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.

X Change	<u>PT</u> .	John Doe		
X Remove	<u>v</u> <u>j</u>	Mike Jones		
X Add	<u>sv</u> :	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change		**************************************		
Add		\sim		· · · · · · · · · · · · · · · · · · ·
Remove				
2) Change				
Add		1 / 1/		
Remove		\ \ \ \	<u> </u>	
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5) Change				
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6) Change				
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Remove				···

	eets, if necessary). (Be specific)
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n amendment pro	ovides for an exchange, reclassification, or cancellation of issued shares,
ovisions for imple (if not applicable	ementing the amendment if not contained in the amendment itself: le, indicate N/A)
(1) appiicaon	
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(y apprount	
у негарисион	
(y nei apprication	
у по аррисион	
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у по аррисани	

The date of each amendment(s) adoption:
Effective date if applicable:
(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)
(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
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)
PAULA M. SACCOMANNO
(Typed or printed name of person signing)
Vice Resident
(Title of person signing)