## P11000062311

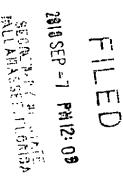
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: WORLDSTAFF U	SA CORP	
DOCUMENT NUMBER: P11000062317		
The enclosed Articles of Amendment and fee are sul	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
FERNANDO RINCON		
	Name of Contact Person	
WORLDSTAFF USA CORP		
	Firm/ Company	
8181 NW 36TH ST SUITE I		
	Address	
DORAL, FL 33166		
	City/ State and Zip Code	
fr@worldstaffusa.com		
	sed for future annual report	notification)
L-man address. (to be as	ica 107 tatare anniaar report	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
For further information concerning this matter, please	se call:	
FERNANDO RINCON	786	de & Daytime Telephone Number
Name of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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	Amend Divisio Clifton 2661 E	Address ment Section in of Corporations Building xecutive Center Circle assec, FL 32301

## Articles of Amendment to Articles of Incorporation of

WORLDSTAFF USA CORP (Name of Corporation as currently filed with the Florida Dept. of State) P11000062317 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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) 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 (Florida street address) 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.

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.

Mike Jones, V as Remove	e, and Sai	lly 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 (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	T	BETY A. MEJIA	8181 NW 36TH ST SUITE 1	
Add			DORAL, FL 33166, US	
X Remove				
2) Change				
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add	•			
Remove				
<del></del>				
6) Change				
Add				
Remove				

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)	Attach additional	ding additional Articles, enter change(s) here: heets, if necessary). (Be specific)	
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)		1 a	
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(if not applicable, indicate N/A)	f an amendment	provides for an exchange, reclassification, or cancellation of issued shares,	
	(if not applie	prementing the amendment if not contained in the amendment itself:  able, indicate N/A)	
		,	

08/31/2018	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
8/31/2018	
Effective date if applicable:	1
(no more than 90 days after amendment file	date)
Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ments, this date will 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 by the shareholders was/were sufficient for approval.	e amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The followist be separately provided for each voting group entitled to vote separately on the amendment.	lowing statement dment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by"  (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action a action was not required.	and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and saction was not required.  Dated  Signature  (By a director president or other officer – if directors or officers is selected, by an incorporator – if in the hands of a receiver, trusted appointed fiduciary by that fiduciary)  FERNANDO RINCON	have not been
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)