P11000097643

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: AMG USA	CORPORATION	N
DOCUMENT NUMBER: P1100009764		
The enclosed Articles of Amendment and fee are su	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
ROBERTO FEDE	ERICI	
AMG USA CORF	Name of Contact Person	n
2457 CIECTA DE	Firm/ Company	
2157 SIESTA DE	Address	
SARASOTA, FL		
	City/ State and Zip Cod	e
ROBERTOFEDERIC	CI01@GMAIL.CO	OM
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
ROBERTO FEDERECI	_{at (} 941	2848882
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□\$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	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

AMG USA CORPORATION

(Name of Corporation as currently filed with the Florid	la Dant of State
P1100097643	ia Dept. of State)
(Document Number of Corporation (if known	own)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	ida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" word "chartered," "professional association," or the abbreviation "P.A.	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)	TALL THA
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	in Florida, enter the name of the SA
Name of New Neglatica Agent	
(Florida street a	ldress)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with a Signature of New Registered Agent.	

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.

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>	<u>Addres</u> s
1) Change X Add Remove	<u>VP</u>	GIUSEPPE MASSUCCI	4154 OLD FARM RD SARASOTA, FL 34233
2) Change Add Remove		<u> </u>	
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add	<u></u>		

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
I/A	(=- 42)
	·
	·
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
/A	
	

The date of each amendment(s) a	ndoption: <u>03/20/2013</u>
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were action was not required.	lopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were accaction was not required.	lopted by the incorporators without shareholder action and shareholder
Dated 03/20	/2013
select	fyector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	ROBERTO FEDERICI
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)