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AND FILED



COVER LETTER

TO: Amendment Section Division of Corporations

	RATION: SEVEN US		ORP				
DOCUMENT NUMBER: P12000008703							
The enclosed Articles	of Amendment and fee are su	bmitted for filing.					
Please return all corre	spondence concerning this ma	tter to the following:					
	MARCO REIS						
	Name of Contact Person USA TAX CORPORATION						
591 E SAMPLE RD							
	POMPANO BEA	· · · · · · · · · · · · · · · · · · ·					
		City/ State and Zip Code	2				
<u>US</u>	ATAX@USATAX						
	E-mail address; (to be us	sed for future annual report	notification)				
For further information	n concerning this matter, pleas	se call:					
MARCO REIS at (954) 788-1818							
Name o	of Contact Person	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 Tallahassec, 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	Portation					
SEVEN USA TRADINO							
(Name of Corporation a	s currently filed with the Flo	rida Dept. of St:	<u>ate</u>)				
P12000008703							
(Docume	nt Number of Corporation (if k	(nown)					
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Fl</i>	orida Profit Cor	poration adopts the	following as	mendmer	ıt(s) to	I
A. If amending name, enter the new notation TWO GROUP USA CO				TI	he new		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co	o". A profession	r "incorporated" and corporation nar	or the abbr	reviation		
B. Enter new principal office address, (Principal office address MUST BE A S			<u> </u>				
C. Enter new mailing address, if appl (Mailing address MAY BE A POST				_			
				- -,			
D. If amending the registered agent an new registered agent and/or the new		s in Florida, ent	er the name of the				
Name of New Registered Agent	MARCO AUREL	IO M. REI	S				
The system of the system	589 E SAMPLE	RD SUIT	E 145				
	(Florida street				_		
New Registered Office Address:	POMPANO BEA	/CH	, Florida 3306	4	SEC SEC	3.41	
	(City)		(Zip	Code)	A E	ξĘ	
					AR SS	8-	= 3
New Registered Agent's Signature, if c	hanging Registered Agent:				EE, OF	P	
I hereby accept the appointment as regist		h and accept the	obligations of the p	osition.	. S.	<u>:</u>	

Page 1 of 4

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 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>	<u>John Do</u>	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	one <u>s</u>	
X Add	<u>sv</u>	Sally St	nit <u>h</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	Р	_	HSIAO H CHIANG	589 E SAMPLE RD
Add				STE 145 POMPANO BCH,
Remove				FL 33064
2) Change	Р	_	MARCO AURELIO M. REIS	589 E SAMPLE RD
Add				STE 145 POMPANO BCH,
				FL 33064
3) Change		_	4	
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

ttach additional sheets, if necessary).	(Be specific)			
				
				
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· ·		-		
		·		
an amendment provides for an exch.	ange, reclassification	, or cancellation	of issued share	S,
rovisions for implementing the amer	idment if not contain	ied in the amend	lment itself:	_
(if not applicable, indicate N/A)				
				-

The date of each amendment(s) adoption: 05/04/2014 date this document was signed.	, if other than the
Effective date if applicable: 09/04/2014	
(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 by the shareholders was/were sufficient for approval.	(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	er
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 cou	
appointed fiduciary by that fiduciary)	11
HSIAO H. CHIANG	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	