P12000029701

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MAR 2 6 2019 S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	E OF CORPORATION: CORMACA USA, CORP				
DOCUMENT NUMB	ER:	P12000029701			
The enclosed Articles of	of Amendment and fee are s	ubmitted for filing.			
Please return all corresp	pondence concerning this m	atter to the following:			
		SANTAELLA, WILLIA	M J		
-	Name of Contact Person				
-	· · · · · · · · · · · · · · · · · · ·	Firm/ Company			
5819 SW 42ND TERRACE					
_	Address				
	33155				
-		City/ State and Zip Cod	le .		
SANTAE	concerning this matter, plea		inotification) 6.) 613 8107 de & Daytime Telephone Number		
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:		
S35 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CORMACA USA, CORP

(Name of Corporation as o	currently filed with the Florida Dept. of State)
Р	12000029701
(Document No	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statulits Articles of Incorporation:	ttes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpora	ition:
name must be distinguishable and contain the word "con" "Corp.," "Inc.," or Co.," or the designation "Corp," "Incword "chartered," "professional association," or the abbrev	The new reporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the viation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	
	五 五
a n	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	7.00
	8
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office and/or the new re	ice address in Florida, enter the name of the address:
Name of New Registered Agent	
(File	lorida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	1 Agent:
I hereby accept the appointment as registered agent. I am fa	
Signature oj	f 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.

X Change	<u>PT</u>	John Doc		
X Remove	<u>v</u>	Mike Jone	<u>:s</u>	
<u>X</u> Add	<u>sv</u>	Sally Smit	<u>th</u>	
Type of Action (Check One)	<u>Title</u>	1	<u>Same</u>	<u>Address</u>
l) Change	VP	<u></u> _	RODRIGUEZ, JUAN E	5819 SW 42ND TERACE
Add				MIAMI FL 33155
X Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_		
Remove				

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
- -	
	
<u> </u>	
	
 	
	7
an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) added this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file do	ute)
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirem epartment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the afficient for approval.	nnendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amenda	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and	d shareholder
	opted by the incorporators without shareholder action and sha	nreholder
action was not required.		
Dated	3/16/2019	
	7 /	
Signature	(many	
	irector, president or other officer - if directors or officers have	
	d, by an incorporator – if in the hands of a receiver, trustee, o ted fiduciary by that fiduciary)	or other court
	RODRIGUEZ, JUAN E	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	