## P12000091134

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: SNdamatica USA Corp.
DOCUMENT NUMBER: P120000a1134
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Giselle Dei Amo
OISEIFE DEL AMO  Name of Contact Person
Infante Zumnano
Infante Zumpano Firm/Company
500 S PIXIE Hanway Sufe 302  Address  Coral Gables, Fl 33143  City/ State and Zip Code
Address
Coral Gables, Fl 33143
City/ State and Zip Code
giselle. Ortzaelamo Dinfante Zumpano. con- E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (30T) 003-2990  Area Code & Daytime Telephone Number
Name 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 Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  \$35 Filing Fee & Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation

## Ondamatica USA corp (Name of Corporation as currently filed with the Florida Dept. of State) P12000091134 (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." 7320 NW 12 St. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) suite 102 MIAMI FL 33126 C. Enter new mailing address, if applicable: 7320NW 12 St (Mailing address MAY BE A POST OFFICE BOX) sute 102 MIaMI, FL 33126 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 12HM Services, Inc 500 S. DIXIE Hanway Sute 302 (Florida street address) Coval Gables , Florida 33143 (City) (Zip Code) New Registered Office 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.

X Change	<u>PT</u> <u>John I</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u> </u>	Alejandro Ricardes	9737 NW 41 St. Suite 467 Doral, Fl 33178
2) \times Change Add Remove	<u>P</u> .	Jose. A. Martinez	7320 NW 12 St Suite 102 Miami, Fl 33124
Change Add Remove	VP + T	Argentina Lope Z	7320 NW 12 St Svite 102 Miami, Fl 33124
4) Change Add Remove	Sec	Leticia Dura	7320 NW 125t Suite 102 Miami, Fl 33124
5) Change Add Remove			
6) Change Add	<del></del>		
Remove			

Attach additional sheets, if necessary						
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provisions for implementing the ar	nendmer	t if not con	tained in th	re amendm	ent itself:	<u>r es.</u>
(if not applicable, indicate N/A)						
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The date of each amendment(s) adoption:  date this document was signed.	_, if other than the
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	
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 October 15, 2013	
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)	_
JOSE A. MARTINEZ MORENILLA	_
(Typed or printed name of person signing)	
President	_
(Title of person signing)	