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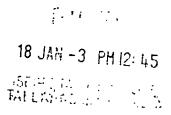
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	DELIVERY I	USA INC.	
DOCUMENT NUMBER: P1200010.	3208		
The enclosed Articles of Amendment a	nd fee are sul	omitted for filing.	
Please return all correspondence concer	ming this mat	ter to the following:	
CARLOS A. BI	JFFELD		
		Name of Contact Person	1
CAR DELIVER	Y USA INC.		
12135 NW 57FI	H ST.	Firm/ Company	
		Address	
CORAL SPRIN	GS, FL. 3307		
		City/ State and Zip Cod	e
bliffeld@earthlink.net			
E-mail addr	ess: (to be us	ed for future annual report	notification)
For further information concerning this	matter, pleas	e call:	
CARLOS A. BLIFFELD		954 at (249-9975)
Name of Contact Persor)	Area Co) de & Daytime Telephone Number
Enclosed is a check for the following a	mount made p	payable to the Florida Depo	irtment of State:
■ \$35 Filing Fee □\$43.75 Fi Certificate	ling Fee & e 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 Corporati P.O. Box 6327 Tallahassee, FL 3231		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



CAR DELIVERY USA INC.

P12000103208	on as currently filed with t	he Florida Dept. of State)	
		201	
(Docum	nent Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Floridates and Incorporation:	a Statutes, this Florida Profi	t Corporation adopts the following amen	dment(s) to
A. If amending name, enter the new name of the co	orporation:		
		The	
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association." or the	"," "Inc," or "Co". A profe		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		-
D. If amending the registered agent and/or registern new registered agent and/or the new registered		લ, enter the name of the	
Name of New Registered Agent			
	(Florida street address)	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	_
		•	
New Registered Agent's Signature, if changing Reg			
I hereby accept the appointment as registered agent.	I am familiar with and accep	ot the obligations of the position.	
Sion	nture of New Registered Age	nt itchanging	

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>\$Y</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
X 1) Change	P	CARLOS A. BLIFFELD	12135 NW 57TH ST.
Add			CORAL SPRINGS, FL. 33076
Remove			
X 2) Change	V	DANIEL L. BLIFFELD	12135 NW 57TH ST.
Add			CORAL SPRINGS, FL. 33076
Remove			
X Change	V	RAQUELA. BLIFFELD	12135 NW 57TH ST.
Add			CORAL SPRINGS. FL.33076
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		·	
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) 80% of shares owned by Carlos A. Bliffeld	
20% of shares owned by Daniel L. Bliffeld	
	••
F. 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)	
N/A	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) add	ption:	, if other than the
date this document was signed.		
	/2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	· · · ·
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date variation of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
12/27/2017		
Dated		
Signature	Plyton	
selected.	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
C	CARLOS A. BLIFFELD	
-	(Typed or printed name of person signing)	
ı	RESIDENT	
-	(Title of person signing)	

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