P13000038110

(Re	questor's Name)	_
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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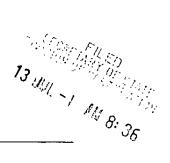
COVER LETTER

TO: Amendment Section

Division of Cor	porations			
NAME OF CORPO	DRATION: AVERS US	SA, INC		
DOCUMENT NUM	_{IBER:} P1300003811	0		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	INNA VORONA			
		Name of Contact Person	1	
	CORONA TAX S	ERVICES INC		
		Firm/ Company		
	3363 NE 163RD	STREET STE 5	06	
		Address		
	N. MIAMI BEACH	H, FL 33160		
		City/ State and Zip Cod	e	
·	E-mail address: (to be us	sed for future annual report	notification)	
	·	•	,	
For further informati	on concerning this matter, pleas	se call:		
INNA VORC	ONA	at (954	, 646-2777	
Name	Name of Contact Person		de & Daytime Telephone Number	
Enclosed is a check t	for the following amount made	payable to the Florida Depa	urlment 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)	
M	ailing Address	Street	<u>Address</u>	
	mendment Section	Amendment Section		
	vision of Corporations		on of Corporations	
	O. Box 6327 Ilahassee, FL 32314		Building Secutive Center Circle	
rananassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



AVERS USA, INC

(Name of Corporation as currently filed with the Flo	orida Dept, of State)
P13000038110	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida 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 "Cword "chartered," "professional association," or the abbreviation "F	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	3363 NE 163RD STREET STE 506
(Principal office address MUST BE A STREET ADDRESS)	N. MIAMI BEACH, FL 33160
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	
Name of New Registered Agent INNA VORCE	ONA
3363 NE	163 St. Ste 506
Name of New Registered Agent 3363 NE (Florida street New Registered Office Address: N. Wiani Beautiful) (City)	er address) Och Florida 33/60 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w 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 <math>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>	Name			Address	
1) Change	Р	KOC	CHERGA, MII	KHAIL	3363 NE 163 STREET S	STE 506
X					N. MIAMI BEACH, FL	33160
Remove						
2) Change	Р	DEN	MIDOV, MIK	HAIL	3000 S OCEAN DRIVE	\PT 400
Add					HOLLYWOOD, FL	33019
X Remove						
3) Change		-				
Add						
Remove					-	 .
4) Change						•
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove					, , , , , , , , , , , , , , , , , , , ,	

Attach additional sheets, if necessary).	cles, enter change(s) here (Be specific)		
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f an amendment provides for an excl	hange reclassification or	cancellation of issued sh	ares.
	THINE CLICCIA STITE ALTOH, OF	n the amendment itself:	
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510175/13
The date of each amendment(s) adoption:
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 east for the amendment(s) was/were sufficient for approval
by
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
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)
Mikhail Kocherga
(Typed or printed name of person signing)
President
(Title of person signing)