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SECRETARY OF STATE

CL 2015

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: QIVAGOS	USA Holding,	Inc.		
DOCUMENT NUMB		1 '			
	of Amendment and fee are su				
Please return all corres	pondence concerning this ma	tter to the following:			
	Duinn	Name of Contact Person  Sruith  Firm/ Company			
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	· Carrier O	Cuil			
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	125 CW	TH Shood Cit	2 7117		
-		7th Street Suit	6 6110		
-	r game, =	12 33/30 City/ State and Zip Code	e		
	E-mail and ress: (to be us	ath a gomm Smits sed for future annual report	h.com notification)		
For further information	concerning this matter, pleas	se call:			
		at (	)		
Name o	f Contact Person	Area Co	)de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment 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)		
	ing Address		Address		
	ndment Section	Amendment Section			
	sion of Corporations Box 6327	Division of Corporations Clifton Building			

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

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## Articles of Amendment to

FILE OF STATE OF STATE VISION OF CORPORATIONS

	Articles of Incorporation	DIAI2ION OF OF	,,,,
Gia Cara Val	of 4 1178 1	15 APR 16	AM 8: 17
(Name of Corporation as curr	ently filed with the Florida Dept. of Sta		_
_	<u> </u>	<u>nc</u> )	
P 13600			_
(Document Nui	mber of Corporation (if known)		
ursuant to the provisions of section 607.1006, s Articles of Incorporation:	Florida Statutes, this Florida Profit Corp	poration adopts the following	ng amendment(s)
If amending name, enter the new name o	f the corporation:		
			The new
ame must be distinguishable and contain to Corp" "Inc.," or Co.," or the designation ord "chartered," "professional association,"	"Corp," "Inc," or "Co". A profession		
Enter new principal office address, if app	olicable:		_
rincipal office address <u>MUST BE A STREI</u>			
			_
	<del></del>		_
Enter new mailing address, if applicable			
(Mailing address <u>MAY BE A POST OFF)</u>	CE BOX		
			_
			_
If amending the registered agent and/or new registered agent and/or the new reg		er the name of the	
new registered agent and/or the new reg	istereu office address:		
Name of New Registered Agent	<del></del>		
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	_
ew Registered Agent's Signature, if change hereby accept the appointment as registered to	ing Registered Agent:	obligations of the position	
ieros, accept me appointment as registered	agom. I am jammar mun ana accept me	congunous of the position.	
·	CM D 11	<del></del>	
Signatu	re 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</u>	Doe	•
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add Remove	PICEO	Rene Prats	1444 Biscayne Blvd Miami, FL 33132
2) Change	<u>cfo</u>	Joan Barbosa	1444 Biscayne Blva Miami, FL 33132
Remove 3) Change Add			
Remove  4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

Attac	ending or ad th <i>additional</i> .	sheets, if nece	ssary). (B	e specific)				
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prov	<u>visions for in</u>	provides for iplementing able, indicate	he amendm	e, reclassific ent if not co	ation, or can	cellation of is	sued shares, t itself:	
	-41	9						
	· · · · · · · · · · · · · · · · · · ·							
		<del></del>						
			_					

SECRETARY OF STATE DIVISION OF CORPORATIONS

The date of each amendment(s) adoption:	DIVISION OF GU	Mitthalemi	, if other than the
date this document was signed.	15 APR 16	AM 8: 17	
Effective date if applicable:			<del></del> .
(no more than	90 days after amendment file dat	ie)	
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	he number of votes cast for the ar	mendment(s)	
The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to			
"The number of votes cast for the amendment(s) was/w	ere sufficient for approval		
by			
(voting group)			
The amendment(s) was/were adopted by the board of director action was not required.	rs without shareholder action and	shareholder	
The amendment(s) was/were adopted by the incorporators wi action was not required.	thout shareholder action and shar	eholder	
Dated_ April 14, 2015	$\rightarrow$		
Signature			
(By a director, president or other of selected, by an incorporator – if in appointed fiduciary by that fiduciary	the hands of a receiver, trustee, or y)	other court	
Quinn Smi (Typed or	printed name of person signing)		<del></del>
- Anthorized An	gent of Giraffae U	SA Hobling	Inc.