P14000000955

(Re	equestor's Name)			
(Ad	ddress)			
(Ad	ddress)			
(Cit	ty/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Bu	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
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en and the state of



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11/20/14--01014--008 **35.00

C.Lewis 12-2-14

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: USCIS CORP DOCUMENT NUMBER: P14000029558 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SIAGNY ORTIZ Name of Contact Person USCIS CORP Firm/ Company 999 PONCE DE LEON BLVD SUITE:100 Address **CORAL GABLES FL 33133** City/ State and Zip Code INFO@EZPARALEGALMIAMI.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 651-8134

Area Code & Daytime Telephone Number SIAGNY ORTIZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

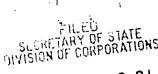
Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of



14 NOV 20 PM 3: 21

	OI.		14 401 00	
USCIS CORP				
(Name of Corporation as currently	y filed with the Florida D	ept. of State)		•
P14000029558	•			
(Document Number	of Corporation (if known)			•
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Florida</i> i	Profit Corporation ad	opts the following	g amendment(s) to
A. If amending name, enter the new name of the	corporation:			
			_	The new
name must be distinguishable and contain the ward "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the base of the principal office address, if application and the principal office address, if application and the principal office address.	orp," "Inc," or "Co". A the abbreviation "P.A."			
(Principal office address <u>MUST BE A STREET A</u>	DDRESS)			
				•
•			· · - · - · · · -	-
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE I</u>	<u>BOX</u>)			
				•
:				
				-
D. If amending the registered agent and/or registered agent and/or the new register		lorida, enter the nam	e of the	
	ed office address;			
Name of New Registered Agent				
	(Florida street addre	ss)		
New Registered Office Address:		, Florida_		-
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen		accept the obligations	s of the position.	
6:	Chr. Danier 7.4 10	- J		
Signature of	f New Registered Agent, if	cnanging		

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	<u>Addres</u> s
1) Change	Р	SIAGNY ORTIZ	632 NW 5 CT
Add			MIAMI, FL, 33126
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			-
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		- 	
Remove			

	(Be specific)
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
f an amendment provides for an exchange of an excha	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:



The date of each amendment(s) a	ioption:			_, it other than th
date this document was signed.		14 NOV 20	PM 3: 21	
Effective date if applicable:				_
	(no more than	90 days after amendment file date,)	_
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were add by the shareholders was/were su		he number of votes cast for the ame	endment(s)	
		nrough voting groups. The following to vote separately on the amendmen		
"The number of votes cast	for the amendment(s) was/w	vere sufficient for approval		
by	(voting group)	11		
	(voting group)			
The amendment(s) was/were add action was not required.	opted by the board of directo	ors without shareholder action and s	hareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators w	ithout shareholder action and share	holder	
Dated_11/14/2	014			•
selecte		ficer – if directors or officers have the hands of a receiver, trustee, or or		-
	SIAGNY ORTIZ			
	(Typed o	r printed name of person signing)		_
	PRESIDENT			
	("	Title of person signing)		_