8/17/2017

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H17000219146 3)))

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To:
    Division of Corporations
    Fax Number   : (850)617-6380

From:
    Account Name   : MOG
    Account Number : I20150000115
    Phone   : (786)536-6496
    Fax Number   : (786)563-6497

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

S TALLENT

AUG 3 0 2017

COR AMND/RESTATE/CORRECT OR O/D RESIGN
IMEX USA CORP

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	$35.00

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TO: Amendment Section
    Division of Corporations

NAME OF CORPORATION: IMEX USA CORP

DOCUMENT NUMBER: P14000040717

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

IMEX USA CORP
_____
Name of Contact Person

_____
Firm/ Company

21011 JOHNSON STREET, SUITE 110
_____
Address

PEMBROKE PINES, FL 33029
_____
City/ State and Zip Code

info@martorelloffice.com   ✓
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeremias Martorell   at (786) 586-7927
_____
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:

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Articles of Amendment
to
Articles of Incorporation
of

IMEX USA CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P14000040717

(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:

n/a _____ *The new*

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."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

10635 0NW 122 STREET UNIT 11

THE BREEZE CENTERS

MEDLEY, FL 33178

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

n/a

(right margin, rotated) 17 AUG 29 AH 9: 03 FILED

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 n/a _____

_____
(Florida street address)

New Registered Office Address: _____ , Florida _____
                                          (City)   *(Zip Code)*

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.

_____
Signature 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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
2) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
3.) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
4) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
5) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
6) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____

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E. If amending or adding additional Articles, enter change(s) here:
(Attach *additional sheets, if necessary).* *(Be specific)*

N/A

_____
_____
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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

_____
_____
_____
_____
_____
_____
_____
_____

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The date of each amendment(s) adoption: _____n/a_____ if other than the
date this document was signed:

Effective date if applicable: _____n/a_____

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.

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 _____ "

(voting group)

☐ 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   08/18/201

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)

SILVA RAMOS, RUBEN DARIO

(Typed or printed name of person signing)

CFO

(Title of person signing)

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