

P14000056238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

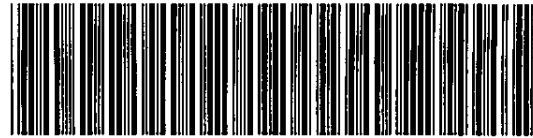
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/18/14--01015--006 **35.00

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JUL 31 2014

R. WHITE

14 JUL 18 11:15
FALCON, ELLIOTT
2014

TO: Amendment Section
Division of Corporations

----- EZ USA ENTERPRISE CORP.
DOCUMENT NUMBER: P14000056238

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

Please return all correspondence concerning this matter to the following:

Jorge D. Zorrilla
Name of Contact Person
EZ USA ENTERPRISE CORP.
Firm/ Company
Address
6545 ~~BROWN~~ SCHOTT circle #1-A
City/ State and Zip Code
Cooper City, FL 33330
Jdlittlefox@hotmail.com

For further information concerning this matter, please call:

Jorge Zorrilla (954) 549-5142
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:

<input checked="" type="checkbox"/> Certificate of Status	<input type="checkbox"/> Certified Copy (Additional copy is enclosed)	<input type="checkbox"/> Certificate of Status Certified Copy (Additional Copy)
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Mailing Address
Amendment Section
Division of Corporations

Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations

2661 Executive Center Circle
Tallahassee, FL 32301

to
Articles of Incorporation
of

FILED

14 JUL 18 2011:15

EZ USA ENTERPRISE CORP.

(NAME OF CORPORATION AS ENTERED BY THE FILING OFFICE)

P 14000056238

(Document Number of Corporation (if known))

its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

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."

(Principal office address **MUST BE A STREET ADDRESS**)

6545 SCHOTT Circle #1-A

Cooper City, FL 33330

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

6545 SCHOTT Circle 1-A

Cooper City - FL 33330

D. If amending the registered agent and/or registered office address in Florida, enter the name of the

Name of New Registered Agent

Jorge Zorrilla

New Registered Office Address:

Cooper City

(City)

, Florida

33330

(Zip Code)

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Jorge Zorrilla

(Signature of New Registered Agent, if changing)

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,

Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PT</u>	<u>EDUARDO M. ZORRILLA</u>	<u>11003 SW. 123 PL.</u> <u>MIAMI - FL 33186</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

(Attach additional sheets, if necessary). (Be specific)

N/A

provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

N/A

date this document was signed.

Effective date if applicable:

07/14/14

(no more than 90 days after amendment file date)

07/14/14

Adoption of Amendment(s)

(CHECK ONE)

☐

☐ by the shareholders was/were sufficient for approval.

☐

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement*

"The number of votes cast for the amendment(s) was/were sufficient for approval

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.

Signature

(By a director, president or chief officer – if directors or officers have not been appointed fiduciary by that fiduciary)

07/14/14

EDUARDO M. BORRILLA

(Place in person signing)