P15000003769

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
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(Bu	siness Entity Nam	e)
(Do	cument Number)	
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SECRETARY OF STATE

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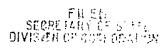
TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: MASERING-BUS	LAM GLOBAL CORPOR	ATION
DOCUMENT NUMI	BER: P15000003769	****	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	MR. IVAN BUSTO		
		Name of Contact Person	1
	BUSLAM GLOBAL CORPO	ORATIONS	•
		Firm/ Company	The state of the s
	POST OFFICE BOX 650141		
		Address	
	MIAMI FL 33265-141		
		City/ State and Zip Code	E .
OPE	RATIONS@BUSLAM.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se cail:	
MR. IVAN BUSTO		786 at (395-9773
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
	ling Address endment Section		Address Iment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



MASERING-BUSLAM GLOBAL CORPORATION

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(Name of Company of the second	
P1500003769	rently filed with the Florida Dept. of State)
	ber of Corporation (if known)
·	this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation	<u>a:</u>
BUSLAM GLOBAL CORPORATION	The new
	ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
Name of New Registered Agent N/A	**
· ·	da street address)
New Registered Office Address:	, Florida N/A
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fami	
Signature of N	lew 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>	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	VD	ORDONEZ, JUAN C, MR	2500 PARKVIEW DRIVE #2001
Add X Remove			HALLANDALE, FL 33009
2) Change	VP	SANCHEZ, THAIS	3301 N.E. 5 AVENUE #1114
X Add		`	MIAMI, FL 33137
Remove			
3) Change			
Add			
Remove			
4) Change			*****
Add			
Remove			
5) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
6) Change			
Add			
Remove			

•	(Be specific)	
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f an amendment provides for an exch	ange, reclassification, or cancellation of issued	shares,
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued and ment if not contained in the amendment itse	shares, lf:
provisions for implementing the amer	nange, reclassification, or cancellation of issued and and if not contained in the amendment itse	shares, lf:
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provisions for implementing the amer	nange, reclassification, or cancellation of issued and an	sbares, lf:
provisions for implementing the amer	nange, reclassification, or cancellation of issued and ment if not contained in the amendment itse	shares,
provisions for implementing the amer	nange, reclassification, or cancellation of issued and ment if not contained in the amendment itse	shares, if:

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		SECRETARY OF STAME DIVISION OF SOME ORALL CARE
Effective date if applicable:		<u></u>
	(no more than 90 days after amendment file date)	15 SEP -8 PM 12: 34
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amenda sufficient for approval.	rent(s)
	oproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s).	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and share	holder
The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and sharehold	er
9/3/2015 Dated		
Signature	(Im Is	·
select	director, president or other officer – if directors or officers have not led, by an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	
	IVAN BUSTO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	