

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H15000114686 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : AMERICA EXPERT LLC

Account Number : I20150000053

Phone

:· (305)824-9100

Fax Number

: (954)251-2861

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COR AMND/RESTATE/CORRECT OR O/D RESIGN POWERTCH USA CORPORATION

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May 14, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

POWERTCH USA CORPORATION 407 NW 10TH TER SUITE C6 HALLANDALE BEACH, FL 33009US

SUBJECT: POWERTCE USA CORPORATION

REF: P15000004487

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please check only one Adoption of Amendment Box.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair Regulatory Specialist II FAX Aud. #: H15000114686 Letter Number: 215A00010156

GOOD AFTERNOON
HOPE ALL IS WELL.

THANKS FOR THE INTO ABOVE. I APPRECIATE IT.

O REPOSE, SEE ENCLOSED + HE DO CUMENT REVISED/ H150001146 863

7 HANKS

GIMONE PALMA

P.O BOX 6327 - Tailahassec, Florida 32314

H 150001146863

		COVER LETTER		-		
TO: Amendment Section Division of Corporations					15 HAY 14	
NAME OF CORPORATION: POWERTCH USA CORPORATION						
DOCUMENT NUMBER: P15000004487						
The enclosed Articles of Amenda	nent and fee are sul	omitted for filing.		品が	MH 4: 05	
Please return all correspondence of	concerning this mat	ter to the following:		ङ्गि	20	
SIMONE I	PALMA					
		Name of Contact Persor	1			
AMERICA	EXPERT LLC		-			
		Firm/ Company				
407 NW 1	OTH TER					
<u>, </u>	-	Address				
HALLAN	DALE BEACH, FI	L 33009				
		City/ State and Zip Code	ŧ			
ACCOUNTING	@AMERICAEXP	ERT.COM				
E-mai	l address: (to be us	ed for future annual report	notification)	-		
For further information concerning	g this matter, pleas	e call:				
SIMONE PALMA		at (305	824-9100			
Name of Contact 1	Person	Area Co	de & Daytime Telephone N	umber		
Enclosed is a check for the follow	ving amount made	payable to the Florida Depa	artment of State:			
	.75 Filing Fee & tificate 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division Clifton 2661 E	Address iment Section on of Corporations Building Executive Center Circle Bassoe, FL 32301			

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Articles of Amendment
to
Articles of Incorporation
of .

·			ΚAΥ	2.1 0		
to Articles of Incorporation				- 1 . 		
of	. •					
POWERTCH USA CORPORATION		**	: ***9			
(Name of Corporation as current	y filed with the Florida Dept. of State)	D,i	E	E-pose		
P15000004487		25	45.	Ę.,,,,		
(Document Number of	of Corporation (if known)	<u>ទី</u> កា	5			
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the fol	iowing a	mendn	nent(s		
A. If amending name, enter the new name of the corporation:						
			he ne			
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "charlered," "professional association," or the abbreviation	"Co". A professional corporation name "P.A."	the abbr must con	eviatio itain ti	n he		
B. Enter new principal office address, if applicable:	2832 NW 72 AVENUE					
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33122					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2832 NW 72 AVENUE		ţ			
(muning assured INTERIOR OF THE OWN	MIAMI, FL 33122			-		
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the			• •		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	ress in Florida, enter the name of the			• •		
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the			• •		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent	ress in Florida, enter the name of the		· · · · · · · · · · · · · · · · · · ·	• •		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent	lress in Florida, enter the name of the 3:			• •		

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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 Do	<u>xe</u>	
X Remove	¥	Mike Jo	<u>ones</u>	
_X Add	SY.	Sally St	mith	
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		<u>-</u>	de la companya de la	
Add		Γ		
Remove				

	onal sheets, if nec	essary). (Be spe	er change(s) here: ecific)			
 						
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The date of each amendment(s) adoption:	other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be document's effective date on the Department of State's records.	: listed as the
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.	
05/11/2015	
Dated	
Signature X	
(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)	
RUI GLEI A CABRAL	
(Typed or printed name of person signing)	
VICE PRESIDENT	
(Title of person signing)	