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SECRETARY OF STATE

DEC 1 8 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: NUSA	Enter pri	ses INC
DOCUMENT NUMBE	r: <i>P15</i>	0000 20 649	Ĵ
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
	Germa	Name of Contact Person	de z
	Nusa	Enterprise	s INC
_		SW Diteg	•
	Port Sc	City/ State and Zip Code	FC 34953.
	Nysap E-mail address: (to be us	Mer prises (a)	
For further information c	oncerning this matter, pleas		
OPY MUI Name of 0	Contact Person	at (7)2. Area Co.	de & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate 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)
34-111-	- A 1.1	G	

Mailing Address

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

Street Address

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

T1

Articles of Amendment to Articles of Incorporation of

NUSA ENTERPRISES INC				
(Name of Corporation as curre	ently filed with the Florida Dept. of State)			
P15000020649				
(Document Number	er of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	his Florida Profit Corporation adopts the following	lowing ame	ndment	i(s) te
A. If amending name, enter the new name of the corporation:				
		T7		
name must be distinguishable and contain the word "corpora" ("Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	r "Co". A professional corporation name i	he abbrevi		
B. Enter new principal office address, if applicable:	2865 SW ORTEGA STREET			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	PORT SAINT LICIE, FL 34953		_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2865 SW ORTEGA STRRET		3	
	PORT SAINT LUCIE, FL 34953	AHA MANA)))	-
		RY SSE	7	
		<u>L.</u>	70	_
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr		101 VLS	 0	7
	CSS.	57	9	
Name of New Registered Agent		<u></u>		
(Florida	street address)			
·	,			
New Registered Office Address:	(City), Florida	(Zip Code)		
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		tion		
i nereoy accept the appointment as registered agent. I am jumita	ar with and accept the obligations of the post	ion.		
Signature of New	w 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.

X Change	PI	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	GERMAN A PAREDEZ	2865 SW ORTEGA ST
Add			PORT SAINT LUCIE, FL 34953
Remove			distance of the second
2) Change	VP	MARINA DURAN DE PAREDES	2881 SW ORTEGA ST
Add			PORT SAINT LUCIE ,FL 34953
Remove			
3)Change	-		
Add			
Remove			
4) Change			
Add			
Remove			***
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

L. If amending or adding additional Articles, enter change(s) here: (Attach-additional sheets, if necessary). (Be specific)		
,		
If an amendment provides for an exchan	nge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	dment if not contained in the amendment itself:	

The date of each amendment		, if other than the
date this document was signed	12/01/2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date the Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/web by the shareholders was/web.	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statemened for each voting group entitled to vote separately on the amendment(s):	t
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required. The amendment(s) was/we	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder	
action was not required.		
12/01 Dated	/2015	
Sc	Seyman A Paredo . By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	 .
	German A Paiede 2. (Typed or printed name of person signing)	
	(Title of person signing)	