## P15000046738

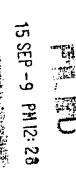
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## **COVER LETTER**

O: Amendment Section Division of Corporations	
AME OF CORPORATION: VALS USA CORP	
OCUMENT NUMBER: T 13000 40138	4
he enclosed Articles of Amendment and fee are submitted for filing.	1
ease return all correspondence concerning this matter to the following:	7
Christian Giraldo	
Capital Brokes LLC	
19495 BISCAYNE BIVD Sut 708	
Aventuro, FL 33180	
Giraldo (a Capitalbro Kersusa. Com	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Ministrian Giraldo at 786 539 8407	
Name of Contact Person Area Code & Daytime Telephone Number	
nclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment 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

VALS	6 USA CUE	2 <b>.</b>			4	روانا اوسید اوسید
(Name of C	Corporation as curren	tly filed with the Florida De	pt. of State)	YA	,	a de la
	P15000046	738			رى	Ę
	(Document Number	of Corporation (if known)		1930 1930 1930 1930 1930 1930 1930 1930	五八	. 1
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this	s Florida Profit Corporation	adopts the following	owing an	iendme	は(s) グ
A. If amending name, enter the new name	e of the corporation:			·		
					e new	
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designati word "chartered," "professional association	on "Corp," "Inc," or	"Co". A professional corpo				
B. Enter new principal office address, if a (Principal office address MUST BE A STR						
		1				
C. Enter new malling address, if applica (Mailing address MAY BE A POST OF						
D. If amending the registered agent and/o new registered agent and/or the new r			ame of the			
Name of New Registered Agent						
<del>-</del>	(Florida s	treet address)				
New Registered Office Address:		(C:)	, Florida	Cin Code		
		(City)		(Zip Code	9	
New Registered Agent's Signature, if chall hereby accept the appointment as registered			ons of the posit	tion.		
				<b></b>		

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:

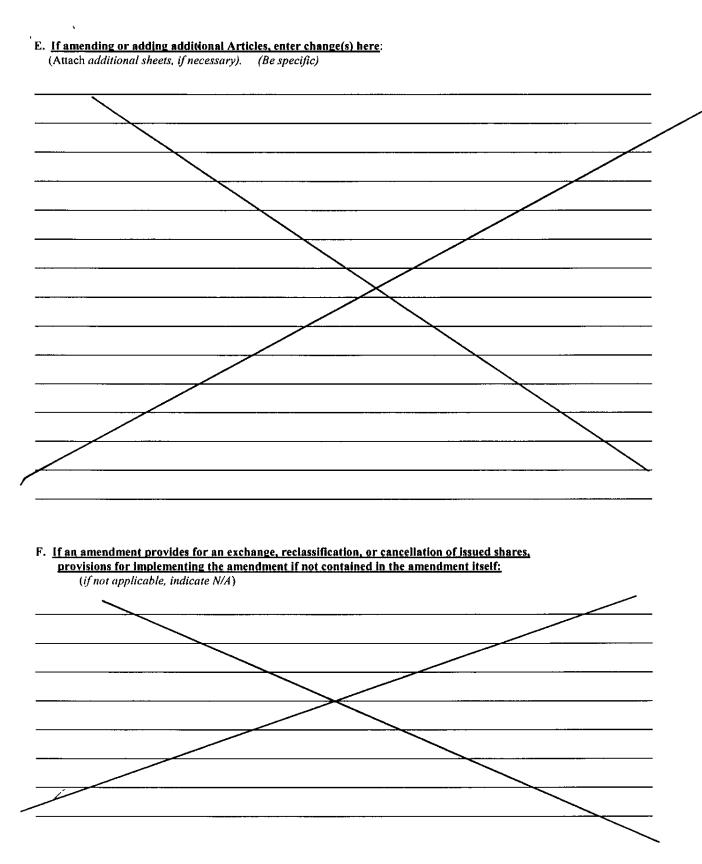
(Attach additional sheets, if necessary)

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:	, 2	., 2.,	
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	Address
1) Change	PT	Suarez Alejandra	1835 NE Miami Gardens I
Add		-	#387
X Remove			North Miami, 33179
2) Change	PT	_ Alegnota M Sonrez Zulu	loga 1835 NE Momi Gardens Dr
X Add			#367 AL II AA : 02 OG
Remove			North Miami, 33 179
3) Change		_	
Add			<del></del>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<u></u>
Remove			
6) Change			
Add			
Remove			



The date of each amendment(s) ado date this document was signed.	ption: September 8th, 2015, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days tyter amenament file date)
<b>Note:</b> If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval
by	.,,
	(voting group)
☐ The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopaction was not required.	ted by the incorporators without shareholder action and shareholder
Dated	9th, 2015
Signature A	examba M Storez
	by an incorporator – if in the hands of a receiver, trustee, or other court
	d fiduciary by that fiduciary)
_	Alexanda M Sizirez
	(Typed or printed name of person signing)
_	Hosidant
	(Title of person signing)