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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORAT	ΓΙΟΝ: MEGA SOLUTIO	NS USA CORP	
DOCUMENT NUMBER	R:		
	Amendment and fee are su	bmitted for filing.	
Please return all correspon	ndence concerning this mat	ter to the following:	
Mž	AIRON REGO CARVALI	Ю	
		Name of Contact Person	ı
	<del></del>	Firm/ Company	
68	10 N STATE ROAD 7		
		Address	
CC	CONUT CREEK - FLOR	IDA 33073	
		City/ State and Zip Code	:
PRIMEII	NCOMETAX1@GMAIL.0	COM	
<del></del>		ed for future annual report	notification)
	oncerning this matter, pleas		
MAIRON REGO CARV.		at ( <u>954</u>	
Name of C	Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for th	e following amount made p	payable to the Florida Depa	rtment 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)
Amendi Division P.O. Bo	e Address ment Section of Corporations ox 6327 ssee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

## Articles of Amendment to Articles of Incorporation of

MEGA SOLUTIONS USA CORP

(Name of Corporation	as currently filed with the Florida Dept. of State)
P15000066838	
(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDR	<u>PESS</u> )
	70
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered	d office address in Florida, enter the name of the
new registered agent and/or the new registered of	ffice address:
Name of New Registered Agent	
	(Florida street address)
N D 1 100 411	Clasida
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Regis	stered Agent:
hereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the position.
Signat	ture 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 = Trustec; 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)	Title	Name	Address
l) Change	VP	MAICOHL REGO CARVALHO	5851 HOLMBERG RD
X Add			APT 1314
Remove			PARKLAND - FLORIDA 33067
2) Change			
Add			
Remove			
) Change		<del>-</del>	
Add			
Remove			
Change			
Add			<del></del>
Remove			
Change			
Add			<del></del>
Remove			
Change			
Add			
Remove			

EASE ADD THE V	neets, if necessary). (B ICE PRESIDENTMAIC		RVALHO		
					- <del></del>
		<del></del>	<del></del>		
			<del></del>	<del></del>	
	<del></del>		<del></del>		
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If an amendment p	provides for an exchange of the second of th	ge, reclassification	on, or cancellation	of issued shares,	
(if not applica	ble, indicate N/A)	nent ii not conta	incu in the amene	une it testi.	
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· • •	12/12/2018	
	adoption:	, if other than th
date this document was signed.		
	/12/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this dat Department of State's records.	e will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.	)
	pproved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	nı
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.  □ The amendment(s) was/were a	dopted by the board of directors without shareholder action and shareholde dopted by the incorporators without shareholder action and shareholder	г
action was not required.		
12/12/20 Dated	18	
	r · · ·	
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other courinted fiduciary by that fiduciary)	<u> </u>
	MAIRON REGO CARVALHO	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	PRESIDENT	
	(Title of person signing)	