P160000027564

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19 AUG -5 AN 7:0 SECRETANT OF STARE ALLAHASSEE, FLORID

COVER LETTER -

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: MTR USA CORP DOCUMENT NUMBER: P16000027564 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RAMIREZ, MARIA T Name of Contact Person MTR USA CORP Firm/ Company 3004 WINDSOR KINGS LAKE BLVDv Address NAPLES, FL 34112 City/ State and Zip Code tutumineiro2015@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 450-6635

Area Code & Daytime Telephone Number RAMIREZ, MARIA T Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MTR USA CORP	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P16000027564	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "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: (Muiling address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address	
Name of New Registered Agent N/A	
(Florida vi New Registered Office Address:	reet address), Florida iCity)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar Signature of New	

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		
\underline{X} Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>	
1) Change	VP	NAVARRO, DANIEL H	3004 WINDSOR KINGS	
X Add			LAKE BLVD	
Remove			NAPLES, FL 34112	
2) Change				
Add				
Remove				
3.) Change	_			
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	
N/A	
	·· <u> </u>
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

	07/31/19	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
-	31/19	
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 I	block does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	lopted by the shareholders. The number of votes east for the amendm sufficient for approval.	ent(s)
	optoved by the shareholders through voting groups. The following start weach voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharel	nolder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	er .
07/31/19 Dated		
(By a selec	director, president or other officer if directors or officers have not hed, by an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	
	RAMIREZ, MARIA T	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	