P1600037399

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(Ac	ddress)	
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(Ĉi	ty/State/Zip/Phon	e #)
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(Do	ocument Number)	1
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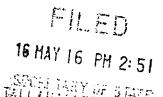
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ANDERSON WE	ELDING USA, INC
DOCUMENT NUMBER: P16000037399	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
ANDRS E RECINOS	
	Name of Contact Person
ANDERSON WELDING U	SA, INC
	Firm/ Company
2923 NW 22 AV	
	Address
MIAMI FL 33142	
	City/ State and Zip Code
lantiguatax@gmail.com	
E-mail address: (to be u	used for future annual report notification)
For further information concerning this matter, plea	ase call:
ANDRES E RECINOS	at (⁷⁸⁶) 340-4347
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



ANDERSON WELDING USA, INC

·	据目 # 10 · 20 · 20 · 3 · 40 · 50 · 50 · 50 · 50 · 50 · 50 · 50
(Name of Corporation	n as currently filed with the Florida Dept. of State) 11 17
2160000037399	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the cor	poration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	9
	
D. If amending the registered agent and/or registere	ed office address in Florida, enter the name of the
new registered agent and/or the new registered of	
Name of New Registered Agent	
-	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
low Designand Ament's Sign than 15 days 1	A A A
New Registered Agent's Signature, if changing Regis hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
	,,,,,,,,,,,,,,
	OV. D. L. C.
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 = 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 us a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	VP	_	ROBERTO SANCHEZ LOPEZ	2544 NW 30 ST
X Add				MIAMI, FL 33142
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

Attach ad	ng or adding additional ditional sheets, if necessa	ry). · (Be specific	 ;)			
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· · · · · · · · · · · · · · · · · · ·						
<u>provisio</u> :	ndment provides for an as for implementing the ot applicable, indicate N/.	amendment if no	ification, or cance t contained in the	ellation of issued s amendment itself	shares, <u>:</u>	
						·····
				<u></u>		

The date of each amendment(s) adoption: _	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does document's effective date on the Department o	not meet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s) (Cl	IECK ONE)
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s) approval.
	e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the amo	ndment(s) was/were sufficient for approval
by	."
(vo	ting group)
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder
5/13/2016 Dated	
Signature_	
(By a director, pre selected, by an inc	ident or other officer – if directors or officers have not been or
ANDRES	E RECINOS
	(Typed or printed name of person signing)
PRESIDE	NT
	(Title of person signing)