## P16000057650

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DIVISION OF CORPORATION

AUG 1 1 2016

**C LEWIS** 

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: CHUS	INTERNATIONAL	CORP.
DOCUMENT NUMBI	ER:P160000	057650	
The enclosed Articles of	f Amendment and fee are s	submitted for filing.	
Please return all corresp	ondence concerning this m	natter to the following:	
_		Name of Contact Person	
-	CHUS IN	TERNATIONAL C Firm/ Company	ORP.
-	807 CYPRES	SS GROVE LAI.  Address	
-	POMPANO	BEACH FL City/ State and Zip Coo	33069
		chus @ amail. Co used for future annual repor	
For further information	concerning this matter, ple	ase call:	
VERONICA GI	L DE AZPURUA	at (	328 - 5767  ode & Daytime Telephone Number
		e payable to the Florida Dep	•
\$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)
Amer Divis	ing Address Idment Section	Amen Divisi	t Address dment Section on of Corporations n Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2016 AUG -2 PM 12: 33

CHUS INTER	NATIONAL CORP.	2016 AUG - 2 FR 12. 33
	on as currently filed with the Florid	a Dept. of State)
P ! 6	000057650	
	ment Number of Corporation (if know	1)
Pursuant to the provisions of section 607,1006, Florid its Articles of Incorporation:	a Statutes, this Florida Profit Corpord	ation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
N/A		The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	," "Inc," or "Co". A professional	
B. Enter new principal office address, if applicable	<u></u>	N/A
(Principal office address <u>MUST BE A STREET ADI</u>	<u>ORESS</u> )	N/A
		N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	N/A
		N/A
		N/A
D. If amending the registered agent and/or registe new registered agent and/or the new registered		he name of the
Name of New Registered Agent	N/A	
	N/A	<del> </del>
<del></del>	(Florida street address)	
New Registered Office Address:	N/A	, Florida N/A
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg		
I hereby accept the appointment as registered agent.	I am familiar with and accept the obl	igations of the position.
	N/A	
Sion	A /A ature of New Registered Agent. if cha	neine

## 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> <u>Joh</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>D</u>	MARIA C. AZPURUA	4825 SPRUCE ST.
Add			BELLAIRE TX 77401
Remove			USA
2) Change	_D_	JOSE F AZPURUA	BOT CYPRESS GROVE LAI.
X Add			POMPANO BEACH FL 33069
Remove			USA
3) Change	NA	N/A	N/A
Add			N/A
Remove			N/A
4) Change	N/A	N/A	N/A
Add			N/A
Remove			N/A
5) Change	N/A	N/A	N/A
Add			N/A
Remove			N/A
6) Change	NA	N/A	N/A
Add			N/A
Damaya			N /A

Attach addition	r adding additional Anal sheets, if necessar	y). (Be specific)	Ke( <u>s) nere</u> :		
N	'A				
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f an amendn	ent provides for an e	xchange, reclassific	ation, or cancellat	ion of issued shares,	
(if not ap	r implementing the a plicable, indicate N/A	<u>menament it not co</u> )	ntained in the ame	enament itseit:	
N/A					
	<u> </u>				
	<del></del>				
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The date of each amendment(s) adoption:	07/21/2016	, if other the
date this document was signed.	7	SECRETARY OF STATE DIVISION OF CORPORATION
Effective date <u>if applicable</u> :		DIVISION OF CORPURATION
(no	o more than 90 days after amendment fi	ile date) 2016 AUG -2 PM 12: 33
Note: If the date inserted in this block does not medocument's effective date on the Department of State		irements, this date will not be listed
Adoption of Amendment(s) (CHECK	CONE)	
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro		the amendment(s)
☐ The amendment(s) was/were approved by the shall must be separately provided for each voting grounds.		
"The number of votes cast for the amendme		•
by(voting g	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(voting g	group)	
☐ The amendment(s) was/were adopted by the board action was not required.	d of directors without shareholder actio	n and shareholder
☐ The amendment(s) was/were adopted by the incoraction was not required.	porators without shareholder action and	d shareholder
Dated 07/31/	2016	
Signature	ince /	
(By a director, president	or other officer - if directors or officer	s have not been
selected, by an incorpora	ator – if in the hands of a receiver, trust	ee, or other court
appointed fiduciary by the	hat fiduciary)	
1,50		
	LONICA GIL DE AZPUR( ed or printed name of person signing)	)A
(Турс	or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	