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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORAT | ION: USA - ULTIMAT | E SERVICES AVAILABL | E INC |
|---|---|--|--|
| DOCUMENT NUMBER | | | |
| The enclosed Articles of A | mendment and fee are su | bmitted for filing. | |
| Please return all correspon | dence concerning this ma | tter to the following: | |
| RO | GERIO NOVAES | | |
| | | Name of Contact Person | n |
| US | A - ULTIMATE SERVIC | ES AVAILABLE INC | |
| *************************************** | | Firm/ Company | |
| 501 | I NE IST TERRACE | | |
| | | Address | ************************************** |
| PO | MPANO BEACH, FL 33 | 064 | |
| | <u> </u> | City/ State and Zip Cod | e |
| MC74374 | 3@GMAIL.COM | | |
| | | sed for future annual report | notification) |
| | | | - |
| For further information cor | ncerning this matter, pleas | se call: | |
| ROGERIO NOVAES | | 754 | 304-8880 |
| Name of Co | ontact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for the | following amount made | payable to the Florida Depa | artment 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) |
| Division P.O. Box | ent Section of Corporations | Amend Divisio Clifton 2661 E | Address ment Section of Corporations Building xecutive Center Circle assee, FL 32301 |

Articles of Amendment to Articles of Incorporation of

| "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A priword "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST RE A STREET ADDRESS) | on (if known) ofit Corporation adopts the following amendment(s) to The new pany, " or "incorporated" or the abbreviation |
|---|---|
| (Document Number of Corporation Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Proits Articles of Incorporation: A. If amending name, enter the new name of the corporation: USA - ULTIMATE SERVICES AVAILABLE INC name must be distinguishable and contain the word "corporation," "comp "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A proposed "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | The new rany," or "incorporation name must contain the |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Prints Articles of Incorporation: A. If amending name, enter the new name of the corporation: USA - ULTIMATE SERVICES AVAILABLE INC name must be distinguishable and contain the word "corporation," "comp "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A print word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | The new rany," or "incorporation name must contain the |
| A. If amending name, enter the new name of the corporation: USA - ULTIMATE SERVICES AVAILABLE INC name must be distinguishable and contain the word "corporation," "comp "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A pr word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) POMPA | The new rany," or "incorporated" or the abbreviation rofessional corporation name must contain the |
| USA - ULTIMATE SERVICES AVAILABLE INC name must be distinguishable and contain the word "corporation," "comp "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A pr word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) POMPA | eany," or "incorporated" or the abbreviation refessional corporation name must contain the |
| name must be distinguishable and contain the word "corporation," "comp "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A pr word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) POMPA | eany," or "incorporated" or the abbreviation refessional corporation name must contain the |
| word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) POMPA | eany," or "incorporated" or the abbreviation refessional corporation name must contain the |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) POMPA | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) POMPA | ANO BEACH, FL |
| 33064 | |
| | CARE T |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 5011 N | E IST TERRACE |
| | ANO BEACH, FL |
| 33064 | 82 0 |
| D. If amending the registered agent and/or registered office address in Flor new registered agent and/or the new registered office address: | rida, enter the name of the |
| Name of New Registered Agent ROGERIO NOVAES | |
| 5011 NE 1ST TERRACE | |
| (Florida street address) | |
| POMPANO BEACH | Florida 33064 |
| New Registered Office Address: | - FIULIUA |

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 | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | Р | ENRIQUE R MARTINEZ | 4491 CRYSTAL LAKE DR |
| Add | | | АРГ С204 |
| X Remove | | | POMPANO BEACH, FL 33064 |
| 2) Change | P | ROGERIO NOVAES | 5011 NE 1ST TERRACE |
| X Add | | | POMPANO BEACH, FL |
| Remove | | | 33064 |
| 3) Change | | | |
| Add | | | and the state of t |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| | | | • |
| Add Remove | | | |
| Кещоче | | | |
| 6) Change | | | |
| Add | | | The state of the s |
| Remove | | | |

| TT TUE ODE | ional sheets, if necessary). (Be specific) GINALS SHARES (100% of the shares incorporated) HAS BEEN TRANSFER TO ROGERIO NOVAE |
|--|---|
| LL THE OKI | INALS SHARES (100% of the shales incorporated) HAS BEEN TRANSFER TO ROGERIO NOVAE |
| ND ENRIQU | E MARTINEZ HAS NO MORE LIABILITY OVER THE BUSINESS. |
| ** ** ** | |
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| If an amand | ment provides for an exchange, reclassification, or cancellation of issued shares, |
| provisions | for implementing the amendment if not contained in the amendment itself: |
| (if not a | applicable, indicate N/A) |
| - <u>.</u> | |
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| | 05/15/2017 | |
|--|--|-----------------------------|
| The date of each amendment(s) | adoption: | , if other than the |
| date this document was signed. | | |
| | 5/15/2017 | |
| Effective date if applicable: | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this document's effective date on the l | block does not meet the applicable statutory filing requirements, this date will nepartment of State's records. | ot be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| 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 statement for each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes ca | st for the amendment(s) was/were sufficient for approval | |
| by | ," | |
| | (voting group) | , |
| action was not required. The amendment(s) was/were a action was not required. 05/15/20 Dated Signature (By a select | dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder 17 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 court inted fiduciary by that fiduciary) ROGERIO NOVAES | FILED 17 MAY 16 PM 4: 10 |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |