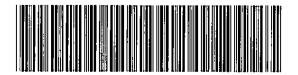


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OCT 2.2 2019 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	AMELIE SERVIC	CES CORP	
DOCUMENT NUMBER: P160	00091879		
The enclosed Articles of Amenda		bmitted for filing.	
Please return all correspondence of	concerning this ma	tter to the following:	
JOSE RAM	MON VALLES DI	ESTEN	
		Name of Contact Person	
AMELIE S	SERVICES CORF		
	_	Firm/ Company	
6763 SW	40 AVE		
		Address	
MIAMI, F	L 33183		
		City/ State and Zip Cod	2
jrvalles1975@gr	nail.com		
		sed for future annual report	notification)
			,
For further information concernin	g this matter, pleas	se call:	
JOGE RAMON VALLES DEST	<u>e</u> n	at (445 - 2875
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	ing amount made	payable to the Florida Depa	artment of State:
	75 Filing Fee & ificate 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)
Mailing Addre Amendment Sec Division of Cor P.O. Box 6327 Tallahassee, Fl.	etion porations	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

AMEL	113	SER	VIC	Fς	COI	P

THIRD DER TICES COID			_
(Name	of Corporation as curren	tly filed with the Florida Dept. of State)	
P16000091879			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
BSPOOL USA CORPORATION			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	on," "company," or "incorporated" or the a "Co". A professional corporation name must "P.A."	 bbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1680 MICHIGAN AVE STE 700	
		MIAMI BEACH, FL 33139 US	-
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)		1680 MICHIGAN AVE STE 700	
		MIAMI BEACH, FL 33139 US	
D. If amending the registered agent ar new registered agent and/or the ne	nd/or registered office add w registered office addres	lress in Florida, enter the name of the	
Name of New Registered Agent	REG AGENT MIAMI LI	LC	
	1680 MICHIGAN AVE	STE 700	-
	(Florida st	reet address)	-
New Registered Office Address:	MIAMI BEACH , Florida 33139		
		(Cuy) (Zip)	Code)
			Eleo•
New Registered Agent's Signature, if c	hanging Registered Agen	· ///	
I hereby accept the appointment as regist	tered agent. I am familiar	with and accept the obligations of the position.	불호 월 제
	Signature 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 as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	<u>mes</u>	
X Add	<u>\$V</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	DPT	_	JORGE VILA PUNZANO	14722 SW 90th TERRACE
XAdd				MIAMI, FL 33196
Remove				
2) X Change	DVPS	_	JOSE RAMON VALLES DESTEN	14722 SW 90th TERRACE
Add				MIAMI, FL 33196
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change	_	_		
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
	·
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) adoption:, if other than the
date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
August 20, 2019
Dated
Signature (1)
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
JOSE RAMON VALLES DESTEN .
(Typed or printed name of person signing)
DIRECTOR
(Title of person signing)