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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DVG USA INC	
DOCUMENT NUMBER: P17000006469	
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
DANIEL ETORE DA SILV	'A SANTANA
	Name of Contact Person
DVG USA INC	
	Firm/ Company
6220 S ORANGE BLOSSOM	1 TR, STE 100,
	Address
ORLANDO, FLA. 32809	
	City/ State and Zip Code
CLAUDIA.TAXSOLUTIONS@GI	MAIL.COM
	sed for future annual report notification)
For further information concerning this matter, pleas	e call:
DANIEL ETORE DA SILVA SANTANA	. 407 9300829
Name of Contact Person	at (407 9300829 Area Code & Daytime Telephone Number
	·
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
■ \$35 Filing Fee	□\$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

DVG USA INC	
(Name of Corporation as currently file	d with the Florida Dept. of State)
P17000006469	
(Document Number of Cor	poration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	ida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". word "chartered," "professional association," or the abbreviation "P.A.	'company," or "incorporated" or the abbreviation A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
_	
-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
_	
D. If amending the registered agent and/or registered office address i new registered agent and/or the new registered office address:	n Florida, enter the name of the
Name of New Registered Agent	
(Florida street ac	(dress)
New Registered Office Address:	, Florida
(City,	<u> </u>
	Top , a.
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with a	and accept the obligations of the postgon
. The con agent. It am jamma min og me og agent. I am jamma min e	Or Control of the Con
Signature of New Regist	ered 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.

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>	Name	<u>Addres</u> s
1) X Change	р	DA SILVA SANTANA, DANIEL E.	8952 ADRIATICO LN
Add			KISSIMMEE, FL. 34747
Remove			
2) X Change	۷P	COSTA DOS REIS, HENRIQUE	8952 ADRIATICO LN
Add			KISSIMMEE, FL. 34747
Remove			
3) Change	0	DVG PARTICIPACOES E SERVICO	PC BARTOLOMEU BUENO II
Add			SALA OT.
X Remove			ARUJA, 5P 07402-130 - BR
4) X Change		SOARES VICENTE, MARCIO C	8940 ADRIATICO LN
Add			KISSIMMEE FL 34747
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Anach ad	ditional sheets, if ne	tional Articles, enter ecessary). (Be speci	fic)			
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<u>fan ame</u>	ndment provides fo	or an exchange, recla	ssification, or cano	ellation of issued s	hares,	
<u>provisioi</u> (if no	ot applicable, indica	g the amendment if nate N/A)	ot contained in the	s amendment itself	<u>:</u>	
		, in the second second				
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• •	06/28/2017	
The date of each amendment(s date this document was signed.) adoption:	, if other than t
Effective date <u>if applicable</u> : _	•	
	(no more than 90 days after amendment file date)	***************************************
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this da Department of State's records.	te will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.	3)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholde	r
action was not required. 06/28/20 Dated Signature	Jummunu	
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other courbinted fiduciary by that fiduciary	t
	DANIEL ETORE DA SILVA SANTANA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	