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AUG 13 2018 S. YOUNG

COVER LETTER

NAME OF CORPORATION: <u>SLS TRADING COMPANY USA CORPORATION</u>
DOCUMENT NUMBER: <u>P17000050600</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROBERT DE LA RIVA
Name of Contact Person
SLS TIZADING COYPANY USA COZPOZATION Firm/Company
for the OTH -
FO SW PTH 5T -57F 2000 Address
Address
SIAMI, FI 33130 City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ROBERT JE LA RIVA at (305) 484 3666 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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Division of Corporations

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

Articles of Incorporation of

SLS TRADING	COM PHNY	USA CORPO	CRATIO	\sim
	Corporation as currently		Dept. of State)
	0050600			
	(Document Number of			
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6. Florida Statutes, this F	lorida Profit Corporat	<i>ion</i> adopts the f	ollowing amendment(s) t
A. If amending name, enter the new name	of the corporation:			
				The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	n "Corp." "Inc." or "C	o". A professional co	corporated" or prporation name	the abbreviation
B. <u>Enter new principal office address, if ap</u> (Principal office address <u>MUST BE A STRE</u>	oplicable: <u>ET ADDRESS</u>)			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF	<u>e:</u> <u>(ICE BOX</u>)			FILED 18 AUG 10 PH 3: 2 TALLAHASSEE, FLORI
). If amending the registered agent and/or new registered agent and/or the new reg	registered office addres	s in Florida, enter the	name of the	
Name of New Registered Agent			<u> </u>	
	(Florida street	address)		
New Registered Office Address:			t=1 · 1	
The state of the s	(C.	iny	, Florida	(Zip Code)
ew Registered Agent's Signature, if changi hereby accept the appointment as registered t	ing Registered Agent: agent. I am familiar with	n and accept the obliga	tions of the posi	ition.
	Signature of New Regi	stered Agent if changi		

· 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>	Address
1) X Change	$\overline{}$	LUIS CARLOS FIN SANCHES JA.	_ fo sw 874 sr
Add			STE 2000
Remove			414M1, F1 33130
2) X Change	P	ROBERT DE LA RIVA	1021 ADVANA AVE CRAL GHELES FI 33146
Add			CERAL GHRIES FI 33146
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	cessary). (Be specifi	hange(s) here: c)		
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<u> </u>				
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			<u> </u>	
an amendment provides for	an exchange, reclass he amendment if not	fication, or cancella contained in the ar	ation of issued sha nendment itself:	res,
rovisions for implementing ((if not applicable, indicate	N/4)			
i o distoris tot un bleineutius ti	N/A)			
(if not applicable, indicate	N/A)			
(if not applicable, indicate	N/A)			
(if not applicable, indicate	N/A)			
(if not applicable, indicate	N/A)			
(if not applicable, indicate	N/A)			

The date of each amendment(s) adoption: O8 01 18 date this document was signed.	, if other than the
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 we document's effective date on the Department of State's records.	vill not be fisted as the
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 east 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.	
DatedO\$/01/18	
Signature / Start a Start	
(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)	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	