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TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

DOCUMENT NUME	BER: DENWAY USA C			
The enclosed Articles	of Amendment and fee are se	bmitted for filing		
Please return all corres	spondence concerning this ma	tter to the following:		
	Ma	ria Sandra Dominguez Rose	11	
	Name of Contact Person			
	I	DEXWAY USA CORPORA	TION	
	Firm/ Company			
	175 SW 7 ST SUITE 1617			
	Address			
	MIAMI, FL 33130			
		City/ State and Zip Code		
		sandrad@dexway.com		. *
	E-mail address, (to be u	sed for future annual report r	notification)	· •
For further information	n concerning this matter, pleas	se call:		
Maria Sandra Dominguez Roself		917	442-2901 le & Daytime Telephone Number	
Name of Contact Person		Area Cod	le & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depar	rtment of State:	$\ddot{\omega}$
S35 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)	
Mailing Address Amendment Section		Street / Amendi	Address nent Section	

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment Articles of Incorporation

DEXWAY USA CORPORATION

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000051605

(Document Number of Corporation (if known)	-
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> its Articles of Incorporation;	adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporation," "rompany," or "incorporation," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corpoword "chartered." "professional association," or the abbreviation "P.A."	porated" or the abbreviation pration name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
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 in Florida, enter the nanew registered agent and/or the new registered office address:	
	•
Name of New Registered Agent	
- 	
tFlorida street address)	
New Registered Office Address. (City)	Florida
$(C \dot{n}_i)$	rzip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligated	ons of the position.
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.

Example: X Change	<u>PT</u>	John Do	<u>ne</u>	
\underline{X} Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>SV</u>	Sally St	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	P		Sandra Dominguez	175 SW 7 ST Suite 1617
Add				Miami, FL 33130
X Remove				
2) Change	Þ		Maria Sandra Dominguez Rosell	175 SW 7 ST Suite 1617
X Add		_		Miami, FL 33130
Remove				
3) Change				
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change				
Add				
Remove				
6) Change				
Add	<u>-</u>			
Remove				

:\	I sheets, if necessary). (Be specific)			
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<u>If an amendmer</u>	t provides for an e	xchange, reclassific	ation, or cancellation	of issued shares,	
managic immedian	icable, indicate N/A))	manieu in the amenu	ment usen.	
provisions for (if not appl					
(if not appl					
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(if not appl					
(if not appl					
(if not appl					
(if not appl					
provisions for (if not appl					

The date of each amendment(s) adop date this document was signed	tion:	, 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 document's effective date on the Depar	k does not meet the applicable statutory filing requirements, this tment of State's records	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of votes east for the amendme lent for approval	nt(s)
	ed by the shareholders through voting groups. The following state the voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cost for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action and shareholder	older
The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and shareholder	
06/30/2017 Dated		
Signature	Sandya AA.	
(By a direct selected, b	tor, president or other officer – if directors or officers have not be y an incorporator – if in the hands of a receiver, trustee, or other c fiduciary by that fiduciary)	
	Maria Sandra Dominguez Rosell	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	