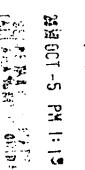
## P17000059780

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	(Address)
<del></del>	(Address)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PROVICAPITAL	PARTNERS USA TFS IN	C.	
DOCUMENT NUMBI	D17000050790			
The enclosed Articles of	f Amendment and fee are su	ubmitted for filing.		
Please return all corresp	oondence concerning this ma	atter to the following:		
i	FERNANDO VELA			
<del>-</del>		Name of Contact Person	n	
Ī	PROVICAPITAL PARTNE	RS USA TFS INC.		
_		Firm/ Company		
i	1441 BRICKELL AVE SUI	• •		
_	-	Address		
1	MIAMI, FL 33131			
_		City/ State and Zip Cod	e	
FVELA	A@PROVICAPITAL.COM			
		sed for future annual report	notification)	
		•	,	
For further information	concerning this matter, pleas	se call:		
DANIEL SUNIGA		305	798-1230	
Name of Contact Person		at (305 ) 798-1230  Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Dena	artment of State	
		, .,		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Fiting Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ng Address	Street	Address	
	dment Section		ment Section	
	on of Corporations		n of Corporations	
	30x 6327 nassee, FL 32314		Building vecutive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

PROVICAPITAL PARTNERS USA TES INC

	SINC.		
( <u>Name</u>	of Corporation as curren	tly filed with the Florida Dep	t. of State)
P17000059780			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation a	dopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corpor	orated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A	
C. Enter new mailing address, if applia (Mailing address MAY BE A POST)  D. If amending the registered agent an new registered agent and/or the new	OFFICE BOX) d/or registered office add v registered office addres	N/A  dress in Florida, enter the nar	me of the
Name of New Registered Agent	DANIEL SUNIGA	<u> </u>	
	N/A		-
New Registered Office Address:	(Florida si	treet address)	, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	hanging Registered Agen ered agent. I am familiar	t: with and accept the obligation	s 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 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) Change			
Add			<del>_</del>
Remove			
2) Change		<del></del>	
Add			
Remove			
3) Change			
Add			
Remove			<u></u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Α	dditional sheets, i	y necessary).	(Be specific)				
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	<del></del>			<del>-</del>	<del>-</del>		<del></del>
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_			<del></del>				
					<del>,_</del> =		<del></del>
f an ame	endment provide	es for an exch	ange, reclassifi	cation, or canc	ellation of issi	ied shares.	
provisio	ons for implemen	ting the amer	dment if not c	ontained in the	amendment i	tself:	
(if n	iot applicable, ind	licate N/A)					
			_				
							<u> </u>
	_						
	_						
						<u> </u>	

The data of each amountained	08/28/2017	
The date of each amendment(s date this document was signed.	) adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment fi	le date)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requi Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the amount	ollowing statement endment(s):
"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	n and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and	i shareholder
DatedSignature	Jan J. C.	
sele	a director-profitent or other officer – if directors or officer cted, by an incorporator – if in the hands of a receiver, trust pinted fiduciary by that fiduciary)	s have not been se, or other court
	FERNANDO VELA	
	(Typed or printed name of person signing)	
	GENERAL MANAGER	
	(Title of person signing)	