

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(6)	and Change in The	40
(CI	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
	ocument Number)	
(00	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

 $(\mathbf{r}_{i}, \ldots, \mathbf{r}_{i}) = (\mathbf{r}_{i}, \ldots, \mathbf{r}_{i})$

NAME OF CORPO	ORATION: USA FSA CORP		
DOCUMENT NUM	P17000078223		
The enclosed Article	es of Amendment and fee are su	abmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	AYLIN CASTRO CRUZ		
		Name of Contact Perso	n
	WHOLE TAX PROFESSIO	NAL SERVICES, INC	
		Firm/ Company	
	1800 SW (ST ST SUITE 20	2	
		Address	
	MIAMI, FL 33135		
		City/ State and Zip Cod	e
wh	oletax@gmail.com		
<u> </u>		sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
FREDY SOLANO	AMAYA	at (de & Daytime Telephone Number
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
☐ \$35 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)
Ai Di P.	mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

of

0	····
USA FSA CORP	2
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P17000078223	- -
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	,
A. If amending name, enter the new name of the corporation:	'
FSA NATURAL, INC	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	1701 W FLAGLER ST STE 335
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI, FL 33135
C. Enter new mailing address, if applicable:	1701 W FLAGLER ST STE 335
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	MIAMI, FL 33135
	MIAMI, FL 33133
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	, Florida
	(City) (Zip 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 obligations 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>	<u>Addres</u> s
1) Change			
Add			<u> </u>
Remove			
2) Change			
Add			
Remove			-
3) Change		<u> </u>	
Add			
Kemove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			·

	(Be specific)
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If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the amer	

The date of each amendment(s) adoption date this document was signed.	on:	, if other than the
sate this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fite date)	
Note: If the date inserted in this block document's effective date on the Departm	does not meet the applicable statutory filing requirements, the nent of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast for the amendm nt for approval.	ent(s)
	d by the shareholders through voting groups. The following state voting group entitled to vote separately on the amendment(s):	
"The number of votes east for th	e amendment(s) was/were sufficient for approval	
by		
	(voling group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareh	nolder
action was not required.	by the incorporators without shareholder action and shareholde	r
10/18/2019 Dated		
Signature		
selected, by	or, president or other officer – if directors or officers have not be an incorporator – if in the hands of a receiver, trustee, or other duciary by that induciary)	
FRE	DY SOLANO AMAYA	
	(Typed or printed name of person signing)	-
PRE	SIDENT	
	(Title of person signing)	