P18000017616

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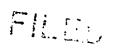
TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: A TO Z PRODUC	TS USA CORP.	
DOCUMENT NUMBE	CR: P18000017616		
	Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
J	AVIER DEL RISCO		
		Name of Contact Persor	1
A	TO Z PRODUCTS USA C	ORP.	
		Firm/ Company	
		ritti) Company	
3.	520 SW 87th Ave		
		Address	
N	liami, FL 33165		
_		City/ State and Zip Code	2
jdelris	co22@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information (concerning this matter, pleas	se call:	
	,		
JAVIER DEL RISCO		_{a.} , 786	241-3395
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for the	he following amount made	payable to the Florida Depa	rtment of State:
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	Certificate of Status	(Additional copy is	Certified Copy
		enclosed)	(Additional Copy
		chelosed)	is enclosed)
	ng Address		Address Iment Section
	dment Section on of Corporations		on of Corporations
	on of Corporations Box 6327		Building
	assee, FL 32314		executive Center Circle

Tallahassee, FL 32301

,

Articles of Amendment to Articles of Incorporation of



to

A TO Z PRODUCTS USA CORP.		2011 DEC 18 A 11: 52		
(Name	of Corporation as currer	ntly filed with the Florida Dept. of State)		
P18000017616		MLLAHASSE FI		
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 ts Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendmen		
A. If amending name, enter the new n	ame of the corporation:			
N/A		The new		
	nation "Corp," "Inc," or	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		3520 SW 87th Ave		
		Miami, FL 33165		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3520 SW 87th Ave		
		Miami, FL 33165		
D. If amending the registered agent an new registered agent and/or the ne		Idress in Florida, enter the name of the		
	N/A			
Name of New Registered Agent	N/A			
		street addressj		
	N/A			
New Registered Office Address:		, Florida		
New Registered Agent's Signature, if c				
hereby accept the appointment as regis	tered agent. I am familia	r with and accept the obligations of the position.		
	Signature of New	v 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.

X Change	PT	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	V	ALMA CRISTINA RAMNANAN	18981 SW 318TH TERRACE
Add			HOMESTEAD, FL 33030
X Remove			·
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	· -		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amendi</u> (Attach <i>ad</i>	ing or adding additional A lditional sheets, if necessary	rticles, enter chang). (Be specific)	e(s) here:		
N/A					
				 .	
<u> </u>					
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<u> </u>	····				
		 -		· · · · · · · · · · · · · · · · · · ·	
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			· · · · · · · · · · · · · · · · · · ·		
F. <u>If an ame</u>	endment provides for an ex	change, reclassifica	tion, or cancellation	of issued shares.	
provisio (if n	ns for implementing the ar or applicable, indicate N/A)	nenament ii not cor	itained in the amend	iment itseii:	
N/A					
-					
	<u>.</u>			 	
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	· · · · · · · · · · · · · · · · · · ·				
				-	

771	N/A	, if other than th
The date of each amendment(s) a date this document was signed.	аорион:	, ii otilei man u
N//	\	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, the partment of State's records.	his date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amenda ufficient for approval.	ment(s)
	proved by the shareholders through voting groups. The following sort each voting group entitled to vote separately on the amendment(s,	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and share	eholder
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and sharehold	der
Dated//	13/2018	
Signatur		
(By a	director, president or other officer - if directors or officers have not	been
splect	ed, by an incorporator - if in the hands of a receiver, trustee, or othe	
арроі	nted fiduciary by that fiduciary)	
	JAVIER DEL RISCO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	