P18000063229

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Be	usiness Entity Name)
(De	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:





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FILED
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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	ORATION: HEP USA GROU	r CORP		
	IBER: P18000063229			
The enclosed Article	s of Amendment and fee are st	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	MARCO REIS			
		Name of Contact Person	1	
	USA TAX CORPORATION			
		Firm/ Company		
	591 E SAMPLE RD			
		Address		
	POMPANO BEACH FL 33	064	•	
		City/ State and Zip Cod	c	
USA	ATAX@USATAXFL.COM			
	E-mail address: (to be u	sed for future annual report	notification)	
For further informati	on concerning this matter, plea	se cali:954	788-6765	
Name	of Contact Person	Area Co	de & Daytime Telephone Numb	
Enclosed is a check I	or the following amount made	payable to the Florida Depa	urtment of State:	
S35 Filing Fee	□S43.75 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			Address Iment Section	
*	vision of Corporations	Amenament Section Division of Corporations		
P.O. Box 6327		Clifton Building		
Ta	llahassee, FL 32314		xecutive Center Circle issee, FL 32301	

Articles of Amendment to

Articles of Incorporation of

(<u>Name of Corporat</u>	tion as currently filed with the Florida Dept. of State)
P18000063229	
(Docui	ment Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	corporation:
A&V U\$A GROUP CORP	The new
	ord "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET AD</u>)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	ered office address in Florida, enter the name of the 1 office address:
D. If amending the registered agent and/or registence new registered agent and/or the new registered	ered office address in Florida, enter the name of the I office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(City) , Florida(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligations of the position,
Sign	nature 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John De	<u>)c</u>	
X Remove	\underline{V}	Mike Jo	ines	
X Add	\underline{SV}	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add			——————————————————————————————————————	
Remove				

Attach addition	adding additional A il sheets, if necessary,				
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Fan amendme	nt provides for an ex	.change, reclassific	ration, or cancella	tion of issued share	
<u>provisions for </u>	implementing the an	<u>nendment if not ec</u>	ontained in the am	endment itself:	-
(ң посарр	icable, indicate N/A)				
			· · · · · · · · · · · · · · · · · · ·		
			· 		
	 	···			_
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	01/07/2019	
The date of each amendment(s) adoption	11:	, if other than the
date this document was signed.		
01/07/2019 Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departme	oes not meet the applicable statutory filing requirements, this date wil nt of State's records.	i not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes east for the amendment(s) for approval.	
	by the shareholders through voting groups. The following statement ofting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted by action was not required.	v the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder	
01/07/2019		
Dated	_/	
/		
Signature	president or other officer - if directors or officers have not been	
	rincorporator <u>— if in the</u> hands of a receiver, trustee, or other court	
	ciary by that fiduciary)	
MARC	O AURELIO MOREIRA REIS	
	(Typed or printed name of person signing)	
PRESI	, , , ,	
	(Title of person signing)	<u></u>