## P180000 91446

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: OLIVA USA CORI	ľ.				
DOCUMENT NUME	ER:					
The enclosed Articles	of Amendment and fee are sub	omitted for filir	ıg.			
Please return all corres	pondence concerning this mat	ter to the follo	wing:			
	CHRISTOPHER A. DISCHI	NO				
	Name of Contact Person					
	DISCHINO & SCHAMY, PLLC					
	Firm/ Company					
	4770 BISCAYNE BLVD., SU	JITE 1280				
	_	Add	lress	<del>_</del>		
	MIAMI, FLORIDA 33137					
	City/ State and Zip Code					
	ADMIN@DSMIAMLCOM					
	E-mail address: (to be us	ed for future ar	inual report i	notification)		
For further information	concerning this matter, pleas	e call:				
HEATHER LEIGH		at (	786	581-2542		
Name o			e & Daytime Telephone Number			
Enclosed is a check for	the following amount made p	payable to the I	<sup>2</sup> lorida Depa	rtment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Fil Certified C (Additional enclosed)	ору	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

## Articles of Amendment to Articles of Incorporation of

OLIVA USA CORP.				
(Name	of Corporation as currentl	y filed with the Florida Dept. of Stat	<u>e</u> )	
P18000091446				
	(Document Number of	Corporation (if known)	-	<del></del>
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this i	Florida Profit Corporation adopts the	following amendr	nent(s) to
A. If amending name, enter the new n	name of the corporation:		Th	
name must be distinguishable and contain "Inc.," or Co.," or the designation "chartered," "professional association,	Corp," "Inc," or "Co". A	professional corporation name mus		,
B. Enter new principal office address, (Principal office address MUST BE A S		N/A	·	
			2020	,
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	FEB 21	
			<u>्र</u> 	
D. If amending the registered agent an new registered agent and/or the ne			بن 09	,
Name of New Registered Agent	N/A			
	(Florida stre	et address)	<u></u>	
New Registered Office Address:	N/A	•		
New Registered Office Address.		, Florida_	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as registed.			osition.	
<del></del>	Signature of New Re	gistered Agent, if changing		
Check if applicable  The amendment(s) is/are being filed p		. , , ,		

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> <u>Jol</u>	in Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
) Change	PST	ALEX LOZANO COLLAZOS	4770 BISCAYNE BLVD
Add			STE 1280
X Remove			MIAMI, FL 33137
) Change	VPST	NATALIA GAVIRIA TOBON	4770 BISCAYNE BLVD
Add			STE 1280
X Remove	PVST	CHRISTOPHER A. DISCHINO	MIAMI, FL 33137
Change			4770 BISCAYNE BLVD SUITE 1280
Add			
Remove			MIAMI, FL 33137
) Change		100	
Add			
Remove			
Change		<del></del>	
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Remove			
Change			
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Remove			

ı	ng or adding additional A litional sheets, if necessary	y. (be specific)			
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6	dment provides for an ex	change, reclassification	, or cancellation of iss	ued shares,	
ıı an amen	s for implementing the ar	nendment if not contain	red in the amendment	itself:	
provisions	applicable, indicate N/A)				
provisions					
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
Effective date if applicable:  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s):	ntement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
02-14-2020 Dated	
(By a director, president or other officer + if directors or officers have not be selected, by an incorporator - if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
ALEX LOZANO COLLAZOS	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)