P19 000032637

(Red	questor's Name)	
(Add	lress)	
(Add	Iress)	
(City	/State/Zip/Phone	(#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
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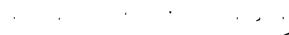


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DEC I W SOLA





FLORIDA DEPARTMENT OF STATE Division of Corporations

November 1, 2019

MIOSOTI DISLA 12453 S ORANGE BLOSSOM TRAIL STE 100 ORLANDO, FL 32824

SUBJECT: PORT TRADE USA, CO.

Ref. Number: P19000032637

We have received your document for PORT TRADE USA, CO. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood Regulatory Specialist II

Letter Number: 719A00022592



Articles of Amendment to Articles of Incorporation of

PORT	RA	DE	AZII	CO

			
(Name of Corporation as current	lly filed with the Florida Dept. o	of State)	-
000032637			
(Document Number	of Corporation (if known)		
suant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	: Florida Profit Corporation adop	ots the following an	nendment(s
If amending name, enter the new name of the corporation:			
			e new
e must be distinguishable and contain the word "corporation," ' .," or Co.," or the designation "Corp," "Inc," or "Co", artered," "professional association," or the abbreviation "P.A.	A professional corporation nam		
Enter new principal office address, if applicable:	3497 W VINE ST		
ncipal office address <u>MUST BE A STREET ADDRESS</u>)	KISSIMMEE FL 34741	MAL.	70.00
		T. J.	
	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3497 W VINE ST	. 79	
	KISSIMMEE FL 34741	2:	
	·		
If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		of the	
Name of New Registered Agent MIOSOTI DISLA			
Name of New Registered Agent MIOSOTI DISLA			
Name of New Registered Agent	reet addressi		
Name of New Registered Agent (Florida st	reel address) SSOM TRAIL STE 100		
Name of New Registered Agent (Florida st	SOM TRAIL STE 100 Ochaso	∂ lorida 32837 (Zip Code	·)

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 Fheld. 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	
<u>X</u> 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			
Remove			<u> </u>
2) Change			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
.,Remove			
5) Change			
Add			
Remove			
Kemove			
6) Change			
Add			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	

The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
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, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stat must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"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 the board of directors without shareholder action and shareholder action was not required.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
10/08/2019	
Dated	
Signature	
(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 cappointed fiduciary by that fiduciary)	
EUDES ELIAS DA SILVEIRA	
(Typed or printed name of person signing)	
(Title of person signing)	-1