P19000035790

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION:	PROPERTIES USA INC
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fe	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
FRANCY ARIAS	
	(Name of Contact Person)
DEVELOP PROPERTIES USA INC	
· · · · · · · · · · · · · · · · · · ·	(Firm/ Company)
217 OWENSHIRE CIRCLE	
	(Address)
KISSIMMEE FL 34744	
 	(City/ State and Zip Code)
ariasfrancy89@yahoo.com	
E-mail address: (to be used for future annual report notification)
For further information concerning this matt	er, please call;
FRANCY ARIAS	407 6189957 at
(Name of Conta	ct Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amoun	t made payable to the Florida Department of State:
₹ \$35 Filing Fee □\$43.75 Filing Certificate o	
Mailing Address Amendment Section	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

DEVELOP PROPERTIES USA INC		
(Name of Corporation as currently filed with the I	Florida Dept. of State)	
P19000035790		
(Docume)	nt Number of Corporation (if kno	own)
Pursuant to the provisions of section 617.1006. Florid amendment(s) to its Articles of Incorporation:		Profit Corporation adopts the following
A. If amending name, enter the new name of the c	<u>corporation:</u>	
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.	'corporation" or "incorporated'	The new or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD	<u></u>	KCLE KISSIMMEE FL 34744
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO D. If amending the registered agent and/or register		RCLE KISSIMMEE FL 347-44
new registered agent and/or the new registered	l office address:	
Name of New Registered Agent:	RANCY ARIAS	
2	17 OWENSHIRE CIRCLE	
<u>New Registered Office Address:</u>	(Floi	rda street address)
К	GSSIMMEE	Florida 34744
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing Relatively accept the appointment as registered agent.	gistered Agent: I am familiar with and accept to	he obligations of the position.
	Signature of New Register	2
	Signature of New Register	ed 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 X Remove X Add	PT John D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) <u>*</u> Change Add	<u>P</u>	JORGE GOMEZ PALACIO	217 OWENSHIRE CIRCLE KISSIMMEE FL 34744
Remove 2) × Change Add	VP	MARIA QUINTERO BETANCUR	217 OWENSHIRE CIRCLE KISSIMMEE FL 34744
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addi (attach additional she		ticles, enter change(s) here: (Be specific)	
	·		

		
		
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		<u>.</u>
		···
The date of each amendment(s) adoption	1:	. if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	is not meet the applicable statutory filing requirements, this date will not be	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

×	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.		
	Dated 11-19-200		
	Signature		
	(By the chairman or vice chairman of the board, president or other officer-if directors		
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or		
	other court appointed fiduciary by that fiduciary)		
	Vorge Comez		
	<u> </u>		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		