P20 0000047241

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: TW USA CORP				
DOCUMENT NUMB	P200000.472.41				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	atter to the following:			
	ŀ	ABIAN POURRAIN			
-		Name of Contact Person)		
		TW USA CORP			
-		Firm/ Company			
	8181 NW 36TH ST SUITE I				
-	Address				
	DORAL, FL 33166				
		City/ State and Zip Code	e		
	i	info@worldstaffusa.com			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, plea	se call:			
Erika Mejia		786 at (436 8630		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 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 Division of Corporations P.O. Box 6327		Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

TW USA CORP

(Name of Corporation as current	ly filed with the Florida Dept. of State)
1/20000047241	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	NA
name must be distinguishable and contain the word "corporation." " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	4 professional corporation name must contain the word \sim
B. Enter new principal office address, if applicable:	182 183
(Principal office address MUST BE A STREET ADDRESS)	
	()
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	S181 NW 36TH ST SUITE 1 DORAL, FL 33166
	DORAL, FL 33166 5
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address. Name of New Registered Agent	
· · · · · · · · · · · · · · · · · · ·	reet address)
New Registered Office Address:	, Florida
The same of the sa	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
Signature of New F	Registered Agent, if changing
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	

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)

Example:

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.

<u>X</u> Change	\mathbf{P}^{T}	John Doe	
X Remove	<u>Y</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	EMILIANO CHAMORRO	
Add _X Remove			
2) Change	VP .	OLGA BALLESTEROS	
Add X Remove Change	<u>s</u>	INGILENI CUBILLAN	
Add X Remove	1'	вету мела	8181 NW 36TH ST SUITE I
4) Change Add	<u> </u>	DITT MINIX	DORAL, FL 33166
Remove 5) Change X Add	<u>v</u>	JUAN MANUEL ALONSO	8181 NW 36TH ST SUITE 1 DORAL FL 33166
Remove 6) Change Add Remove		<u>.</u>	

amending or adding additional Art ttach additional sheets, if necessary).	(Be specific)		
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n amendment provides for an exc	nange, reclassification, or cancell	ation of issued shares,	
rovisions for implementing the amo (if not applicable, indicate N/A)	noment if not contained in the a	nenament aseir:	
(у пол арупсате, тасае в му			
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	06/21/2020	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareho	der action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the ame sufficient for approval.	ndment(s)
	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
hy 1-NCORPOR	ATUR	
	(voting group)	
08/18/2 Dated)2()	
Signature #	etytyleric.	
selec	director, president or other officer – if directors or officers have noted, by an incorporator – if in the hands of a receiver, trustee, or of inted fiduciary by that fiduciary)	
	ВЕТУ А. МЕЛА	
	(Typed or printed name of person signing)	· -
	PRESIDENT	
	(Title of person signing)	