Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000438922 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:		\overline{z}
		SE
	Fax Number : (850)617-6380	HA TRE
		£Ã
Fro		TAR ASS
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	SS
	Account Number : I20000000019	<u>m</u> -<
	Phone : (305)552-5973	
	Fax Number : (305)675-5944	E STATE FLORID
		용동
		౼౼
₹7Ent	er the email address for this business entity to be used for future	\triangleright
	annual report mailings. Enter only one email address please.**	
	Email Address:	
	tmall address:	

COR AMND/RESTATE/CORRECT OR O/D RESIGN VENASA USA, CORP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

DEC - 2 2021

S. PRATHER

	Articles of Am	endment	FALS:
to Articles of Incorporation			E LAHA
	of		
VENASA USA, CORP			Size I
(Name of	Corporation as currently	filed with the Florida Dept. of State)	
P21000090400			
	(Document Number of		PH 12: 43
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this F	lorida Profit Corporation adopts the fol	lowing amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
n/a			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain "chartered," "professional association,"	orp," "Inc, or Co. A	ompany," or "incorporated" or the abbro professional corporation name must of n/a	eviation "Corp.," contain the word
B. Enter new principal office address, i (Principal office address MUST BE A ST	f applicable: TREET ADDRESS)		
C. Enter new mailing address, If appli (Mailing address MAY BE A POST of	cable: OFFICE ROX)	n/a	
(Mailing address WAY BE A TOST	77 1 1 CL D D 3.1		
D. If amending the registered agent an new registered agent and/or the nev	d/or registered office address	ess in Florida, enter the name of the	
Name of New Registered Agent	n/a		
Name of New Registered Agent	n/a		
	(Florida str	eet address)	
N. B. Level Office Address.		, Florida	·
New Registered Office Address:		(City)	(Zip Code)
New Registered Agent's Signature, if a I hereby accept the appointment as regis	thanging Registered Agent tered agent. I am familiar	in the political interest in the political i	sition.
	Sionature of New F	Registered Agent, if changing	
	Digitalian o of Mone I		
Check if applicable The amendment(s) is/are being filed;	pursuant to s. 607.0120 (11)	(e), F.S.	

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	PT	John Do	<u>oc</u>	
X Remove	<u>y</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally S	<u>with</u>	
Type of Action	<u>Title</u>		Name	<u>Addres</u> s
(Check One)	Т		PEDRO M. RODRIGUEZ U	7360 NW 114 AVE
1)Change				APT: 208
X Add				MIAMI, FL 33178
Remove				
2)Change				
Add				
Remove 3) Change			·	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remové				
6) Change				
Add				
Remove				

	g additional Articlets, if necessary).	(Be specific)				
				<u>-</u>		
					.	
						
			<u>·</u>			
	<u> </u>					_
				_		
	<u> </u>			·		
					•	
						
						
<u> </u>						
			<u> </u>	 _		_
						
				_ _		
	rovides for an excl	ıange, reclassifi	cation, or cance	llation of issued s	hares,	
If an amendment p	lementing th <u>e ame</u>	ndment if not c	ontained in the	mendment itself	<u>i</u>	
provisions for imp	ile, indicate N/A)					
(if not applicab	,					
(if not applicab			<u></u>	<u> </u>		
(if not applicab						
(if not applicab						
(if not applicab						
provisions for imp						
(if not applicab						
(if not applicab						
(if not applicab						
(if not applicab						
(if not applicab						

	12/01/2021	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
	01/2021	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this the document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action	and shareholder
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided fo	sproved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	nt .
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	F 20 25
		- [-[-]
12/01/20	21	
Dated		AS - 1
Signature	ox Vloture	FILED 2021 DEC - PM 12: 43 SLUKE JARY OF STATE ALLAHASSEE FLORID
(By a	director, president or other officer - if directors or officers have not been	四。 王
select	ed, by an incorporator - if in the hands of a receiver, trustee, or other court	Q₹ ??
appoi	nted fiduciary by that fiduciary)	E F
	JOSE A MOLINA MOLERO	<u>Α</u>
	(Typed or printed name of person signing)	
	Р	
	(Title of person signing)	