## P21000101446

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2021 DEC 14 AM 10: 00
SECRETARY SESSEN

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: SVA USA CORP		
	BER: P21000101446		
	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Lorenzo Silvestri		
		Name of Contact Person	n
	Silvestri International Corp		•
	• • • • • • • • • • • • • • • • • • • •	Firm/ Company	
	1200 Brickell Ave. Ste. 310	• •	
		Address	····
	Miami, FL 33131		
		City/ State and Zip Cod	e
	lsilvestri@silvestri-internati	onal.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Lorenzo Silvestri		786 	5023615
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address iment Section on of Corporations entre of Tallahassee V. Monroe Street, Suite 810 ussee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

	SAST DEC 14 WH 10: 00
(Name of Corporation as current	tly filed with the Florida Bent of State) OF STATE
P21000101446	FALLAHASSEE, FLC 4
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
N/A	The new
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.	"company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
,	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
). If amending the registered agent and/or registered office add	tross in Florido catalada a catal
new registered agent and/or the new registered office address	s:
Name of New Registered Agent N/A	
Name of New Registered Agent N/A	
Name of New Registered Agent	reet address)
Name of New Registered Agent  (Florida su	reet address)
Name of New Registered Agent	reet address), Florida (City) (Zip Code)

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)

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	PS	MARANO, GIANLUCA, MR.	1200 BRICKELL AVE. STE. 310
Adđ			MIAMI, FL 33131
Remove			
2) Change			
Add			
Remove 3) Change			·
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			**************************************
Remove			

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	······································
	· · · · · · · · · · · · · · · · · · ·
in amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
<u>'ovisions for implementing the amen</u>	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
an amendment provides for an excharovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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	s) adoption:	, if other than the
date this document was signed.  Effective date if applicable:	December 9, 2021	
<u>,</u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in the locument's effective date on the	his block does not meet the applicable statutory filing requirements, this date e Department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action a	and shareholder
☐ The amendment(s) was/were by the shareholders was/we	adopted by the shareholders. The number of votes east for the amendment(s) re sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
12/09/2 Dated	2021	
Signature	100	
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	LORENZO SILVESTRI	
	(Typed or printed name of person signing)	
	TREASURER	
	(Title of person signing)	<del></del>

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