## P-22 COOC 37552

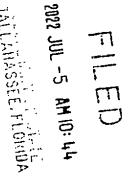
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Special Instructions to Filing Officer:
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CO	RPORATION: DOCUSERVICES	S USA INC			
DOCUMENT!	P22000027882				
The enclosed A	rticles of Amendment and fee are su	ıbmitted for filing.			
Please return all	correspondence concerning this ma	atter to the following:			
	Shirley Mazza				
		Name of Contact Person	n		
	DOCUSERVICES USA INC	2			
	Firm/ Company				
	16232 SW 57 Ln				
		Address			
	Miami, FL 33193				
		City/ State and Zip Cod	e		
	shirleypalaciosh@gmail.con	ı			
	E-mail address: (to be u	sed for future annual report	notification)		
For further infor	rmation concerning this matter, plea	ise call:			
Shirley Mazza		at ( <u>786</u>	4140068		
1	Name of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a ch	eck for the following amount made	payable to the Florida Dep.	artment of State:		
\$35 Filling 1	Fee \$\Bigcup \\$43.75 \text{ 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 Tallahassee, FL 32314		Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

DOCUSERVICES USA INC					
(Name	of Corporation as curren	tly filed with the Florida I	Dept. of State)		
P22000027882					
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporatio	n adopts the following	g ame	ndment(s) to
A. If amending name, enter the new n	ame of the corporation:				
DOCUSERVICIOS Inc				The	new'
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contracted," "professional association,"	Corp, ""Inc," or "Co".	A professional corporation	ed" or the abbreviatio n name must contain	n "Co	rp., "
B. Enter new principal office address,	if applicable:	12485 SW 137th Av			
(Principal office address MUST BE A S		Suite 212	7:	2022	
		Miami, Fl 33186	2	الل	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	РО Вох	Si Cor Cor Cor Cor Cor Cor Cor Cor Cor Cor	5		
	,	960086	ELONIO.	AM 10:	
				+	_
D. If amending the registered agent ar new registered agent and/or the new			name of the		
Name of New Registered Agent	N/A				
	N/A	•			
	(Florida s	treet address)			
New Registered Office Address:	12485 SW 137 Av. suite	212, Miami	, Florida		
		(City)	(Zip C	ode)	_
New Registered Agent's Signature, if c I hereby accept the appointment as regist			ions of the position.		
	Signature of New 1	Registered Agent, if changin	ng		
Charle if applicable			N.		
Check if applicable  ☐ The amendment(s) is/are being filed p	ursuant 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Andres E. Guevara P	12485 SW 137 Av. suite 212
X Add			Miami, Fl 33186
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			2022
Remove			
4) Change			
Add			
Remove			TO THE TOTAL PARTY OF THE TOTAL
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

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If an amendment provides for an excha-	nge reclassificati	on or concellation	n af icenad charac		
provisions for implementing the amend	dment if not cont	ained in the amen	dment itself:		
(if not applicable, indicate N/A)					
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	N/A	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	(10.100	
Effective date if applicable:	6/29/22	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholder action	and shareholder
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
"The number of votes caby 100%  by 06/29/20 Dated Signature (By a select	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):  st for the amendment(s) was/were sufficient for approval  (voting group)  director president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)  Shirley Mazza  (Typed or printed name of person signing)	FILED  2022 JUL -5 AM IO: 44
	President	
	(Title of person signing)	