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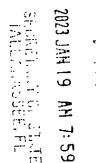
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: VERTICAL SERV	ICES USA CORP			
DOCUMENT NUM	IBER: P22000089483				
	es of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	MENDOZA ORELLANA, C	CESAR A			
		Name of Contact Persor	<u> </u>		
	VERTICAL SERVICES USA CORP				
		Firm/ Company			
	14850 SW 172ND ST				
		Address			
	MIAMI, FL 33187				
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code			
	yare8386@gmail.com				
	. 00	sed for future annual report	notification)		
		•			
For further informati	on concerning this matter, pleas	se call:			
MENDOZA ORELI	LANA, CESAR A	at (²⁰¹	969-6185		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
\$35 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 Tallahassee, FL 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



VERTICAL SERVICES USA CORP

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

2023 JAN 19 AM 7: 59

(<u>Name</u> (of Corporation as currently f	iled with the Florid		٠.
P22000089483			TALE/ MASSEE.	izsi FL
	(Document Number of C	orporation (if known	1)	_
Pursuant to the provisions of section 607, is Articles of Incorporation:	1006, Florida Statutes, this Flo	orida Profit Corpora	tion adopts the following amendm	ent(s
a. If amending name, enter the new na	ame of the corporation:		an.	
name must be distinguishable and contain 'Inc.," or Co.," or the designation "C 'chartered," "professional association,	Corp," "Inc," or "Co". A p	npany," or "incorpor rofessional corpora	The nevrated" or the abbreviation "Corp., ation name must contain the work	**
3. Enter new principal office address, Principal office address <u>MUST BE A S</u>				
		· · · · · · · · · · · · · · · · · · ·		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST				
). If amending the registered agent ar	nd/or registered office addres	s in Florida enter t	he name of the	
new registered agent and/or the new		s in Figrida, enter t	ne name or the	
Name of New Registered Agent	SANTACRUZ ZAMORA, E	DGAR P		
	(Florida street	address)		
New Registered Office Address:			, Florida	
	(C	ity)	(Zip Code)	
lew Registered Agent's Signature, if chereby accept the appointment as regist	hanging Registered Agent: tered agent. I am familiar with	h and accept the obli	igations of the position.	
	Signature of New Regi	stered Agent, if chan	nging	
			e <i>u</i>	

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	SY	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	SANTACRUZ ZARSOZA, EDGAR	14850 SW 172ND ST
, Add			MIAMI, FL 33187
X Remove			
2) Change		SANTACRUZ ZAMORA, EDGAR P	14850 SW 172ND ST
X Add			MIAMI, FL 33187
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			•
Add			
Remove			

	ecessary). (Be specific	•		
•		<u> </u>		
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				<u></u>
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'un amandment receides /	for an exchange, reclas	sification, or cancella	tion of issued shares.	
an amenoment provides i	ig the amendment if no	ot contained in the ar	nenament itselt:	
provisions for implementing				
orovisions for implementing (if not applicable, indicable, indicable)	ate N/A)			
provisions for implementing	ate N/A)			
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	01/17/2023	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
	/17/2023	
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, the Department of State's records.	is 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 shareholde	r 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 amenda sufficient for approval.	nent(s)
	pproved by the shareholders through voting groups. The following store each voting group entitled to vote separately on the amendment(s).	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
, <u> </u>	(voting group)	
	directors or officer – if directors or officers have not	
	ted, by an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	court
	MENDOZA ORELLANA, CESAR A	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	