P9200008512

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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	CVG INTERNAT	IONAL AMERICA, INC.	
DOCUMENT NUME	P92000008512		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Maria Alejandra Rojas		
		Name of Contact Person	1
	CVG INTERNATIONAL A	MERICA, INC.	
		Firm/ Company	
	7200 NW 19th STREET SU	ITE 110	
		Address	
	MIAMI, FLORIDA 33126		
		City/ State and Zip Cod	e
	maria_rojas@cvgin.gob.ve		/
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, plea	se call:	
MARIA A. ROJAS		at (305	4708137
Name o	of Contact Person	Area Co	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	□\$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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 phassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CVG INTERNATIONAL AMERICA, INC.	
(Name of Corporation as	currently filed with the Florida Dept. of State)
P92000008512	
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	cutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	•
	orporation," "company," or "incorporated" or the abbreviation inc," or "Co". A professional corporation name must contain the eviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	U/A (SS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered of new registered agent and/or the new registered office. Name of New Registered Agent N/A	
	Florida street address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am	ed Agent:

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 <math>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	<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>	Name	<u>Addres</u> s
1) Change	P	YSMEL R SERRANO	7200 NW 19TH STREET
Add			SUITE 110
X Remove			MIAMI FL 33126
2) Change	P	MAYRA A SANTANDER	7200 NW 19TH STREET
X Add			SUITE 110
Remove			MIAMI FL 33126
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional si	ling additional Ar heets, if necessary)	. (Be specific)			
N/A					
			 		
		 			
				·	
······································		<u></u>			
				-	
				, <u>,</u>	
f an amendment p	rovides for an exc	change, reclassifi	cation, or cancell	ation of issued sh	ares,
provisions for imp	olementing the am	endment if not c	ontained in the a	mendment itself:	
	ble, indicate N/A)				
J/A					
					
					

The date of each amendment(s) ac	option:, if other than
date this document was signed.	IL 20, 2017
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval
by	."
-y 	(voting group)
☐ The amendment(s) was/were add action was not required.	oted by the board of directors without shareholder action and shareholder
DatedSignature(By a d	may a Comparation and shareholder May a Comparatio
	t, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	MAYRA A SANTANDER
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)