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COVER LETTER

TO: Amendment Section

Division of Corporations **DIMESAN USA INC** NAME OF CORPORATION: P97000042399 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SANDRA SHERRY Name of Contact Person DIMESAN USA INC Firm/ Company 13299 NW 18TH COURT Address PEMBROKE PINES, FL 33028 City/ State and Zip Code SANROSI@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SANDRA SHERRY at (954) 3285744

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

HIII D

•	of DIMESAN USA INC	15 July -3 FM 3: 37
(Name of Corp	oration as currently filed wi	th the Florida Dept. of State) :: "\A
\	P97000042399	th the Florida Dept. of State
(C	Occument Number of Corporat	ion (if known)
Pursuant to the provisions of section 607.1006, F ts Articles of Incorporation:	Torida Statutes, this Florida P	Profit Corporation adopts the following amendmen
If amending name, enter the new name of t	the corporation:	
		The new
Corp.," "Inc.," or Co.," or the designation " word "chartered," "professional association," o Enter new principal office address, if appli	Corp," "Inc," or "Co". A por the abbreviation "P.A."	pany," or "incorporated" or the abbreviation professional corporation name must contain the
Principal office address <u>MUST BE A STREET</u>	<u>'ADDRESS</u>) 	
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFIC</u>	<u></u>	
 If amending the registered agent and/or re new registered agent and/or the new regist 		orida, enter the name of the
Name of New Registered Agent		
trame of thew neglisiered rigerii		
	(Florida street address	s)
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing the hereby accept the appointment as registered ag		accept the obligations of the position.
	Signature of New Registered	Agent if changing

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Salty Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	DP	SANDRA ROJAS	13299 NW 18TH COURTH
Add			PEMBROKE PINES FL 33028
X Remove			
2) Change	DPTS	JOHN MANTILLA	1609 NW 143 WAY
X Add			PEMBROKE PINES, FL 33028
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			· ·

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f an amendment provides for an excha	nga reclassificat	tion or cancel	lation of icener	i chares	
provisions for implementing the amend	lment if not cont	tained in the a	mendment itse	elf:	
(if not applicable, indicate N/A)					
	· <u></u>				
		 			
				<u>-,</u>	
					-

The date of each amendmen date this document was signed		, if other than the
date this document was signed	05/18/2015	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendmen ere sufficient for approval.	it(s)
	re approved by the shareholders through voting groups. The following states ed for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by 100%	'n	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
05/18 Dated	2015	
Signature *	Saulanas	
(B	by a director, president or other officer - if directors or officers have not bee	
	elected, by an incorporator - if in the hands of a receiver, trustee, or other co	urt
aţ	opointed fiduciary by that fiduciary)	
	SANDRA ROJAS	
	(Typed or printed name of person signing)	
	DIRECTOR PRESIDENT	
	(Title of person signing)	