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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: CL USA INC. | | | | | |
|---|---|--|--|--|--|
| DOCUMENT NUMBER: P02000015285 | | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | | |
| Please return all correspondence concerning this mat | ter to the following: | | | | |
| Stephen J. Kolski, Esq. | | | | | |
| | Name of Contact Person | | | | |
| Stephen J Kolski & Associate | Stephen J Kołski & Associates, PA | | | | |
| | Firm/ Company | | | | |
| 2020 Ponce De Leon Blvd., S | suite 905A | | | | |
| | Address | | | | |
| Coral Gables, FL 33134 | | | | | |
| | City/ State and Zip Code | | | | |
| hans.rood@medovlog.com | | | | | |
| <u> </u> | ed for future annual report notification) | | | | |
| | | | | | |
| For further information concerning this matter, please call: | | | | | |
| Stephen J. Kolski | at (305) 371-9575 | | | | |
| Name of Contact Person | Area Code & Daytime Telephone Number | | | | |
| Enclosed is a check for the following amount made p | payable to the Florida Department of State: | | | | |
| S35 Filing Fee Certificate of Status | □\$43.75 Filing Fee & □\$52.50 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 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | |

Articles of Amendment to Articles of Incorporation of

| CL USA INC. | | | |
|--|--|-----------------|--|
| (Name of Corporation as curre | ntly filed with the Florida Dept. of State) | | |
| P02000015285 | | | |
| (Document Number | r of Corporation (if known) | | _ |
| Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation: | is Florida Profit Corporation adopts the following | ng amendn | nent(s) to |
| A. If amending name, enter the new name of the corporation: | | | |
| | | The ne | ne |
| name must be distinguishable and contain the word "corporal "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation | r "Co". A professional corporation name must | ibbreviatio | on |
| B. Enter new principal office address, if applicable: | | | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | | | |
| | | | • |
| | | | · •-• |
| C. Enter new mailing address, if applicable: | D | - 0 | 11 |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | <u>دري</u> | _ ~ | . 7 - |
| | |)b= | <u>, </u> |
| | 2.2 2.2 | မော | <u>'</u> |
| | Dr. | 8 | • |
| D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addresses. | | | |
| Name of New Registered Agent | | | |
| yame of then hegistered agent | | _ | |
| (Florida | street address) | _ | |
| New Registered Office Address: | , Florida | | |
| new negatived Office radiess. | | Code) | • |
| | | | |
| | | | |
| New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia | | | |
| am jumiu | and decept the vonguiting of the position. | | |
| | | | |
| <u></u> | | _ | |
| 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 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: <u>X</u> 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 | COO | Hans Rood | 3200 NW 67th Ave. | |
| X Add | | | Bldg 6, Suite 600 | |
| Remove | | | Miami, FL 33122 | |
| 2) Change | | | 19 SE) | لىقىد. |
| Add | | | 12 888 | = |
| Remove | | | | |
| 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| I amending or adding additional Artic Attach additional sheets, if necessary). | (Be specific) | |
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| an amendment provides for an exchorovisions for implementing the amer (if not applicable, indicate N/A) | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: | SECHETARISSEL BY |
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| provisions for implementing the amer | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: | SEFFELORI |

| The date of each amendment(s) adoption: | , if other than the |
|--|---------------------------|
| date this document was signed. | |
| Effective date if applicable: | |
| (no more than 90 days after amendment file date) | |
| Note: If the date, inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records. | will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval. | |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s): | ıt |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by" (valing group) | |
| (valing group) | |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | 19 SE |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | SEP 1 |
| Dated 9 9 19 | |
| Signature | |
| (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed tiduciary by that fiduciary) | |
| EDWARD SANTA | |
| (Typed or printed name of person signing) | |
| VP. | |
| (Title of person signing) | |