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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	Giraffas	USA	HOLDIN	UG, INC	
DOCUMENT NUMBER:	P 13 000 100 9	158			
The enclosed Articles of Amendm	ent and fee are submi	tted for filing	g.		
Please return all correspondence c	oncerning this matter	to the follow	ing:		
	مرمدن ۸	. ()	0.		
W	ΨΟΙΤΥ	Name of Con	n tant Parran		
	Gomm	& Smi	th		
	Gomm & Smith Firm/Company				
	145 SW 4	th stree	t + 21	10	
	145 SW 4th street \$ 2110 Address				
	Miami	. FL, 3	3130		
	C	FC, 3	d Zip Code		
<u>Ψ</u> υ	inn . Smith @ address: (to be used f	gomr	nsmith	com	
E-mail	address: (to be used t	or future and	iuai report n	otification)	
For further information concerning	g this matter, please ca	ıll:			
. 0	\9				
Quinn Smi Name of Contact P		at (30 <u>5</u>) <u>056. 7723</u> & Daytime Telephone N	
Name of Contact P	erson		Area Code	e & Daytime Telephone N	umber
Enclosed is a check for the follow	ing amount made paya	ble to the Flo	orida Depart	ment of State:	
-	ificate of Status	\$43.75 Filin Certified Co (Additional of enclosed)	ру	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Addres	_		Street A		
Amendment Section		Amendment Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL	32314		Clifton E	building ecutive Center Circle	
	and an and A. T.				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

GIRAFFAS USA HOLDING, INC

(Name of Corporation	as currently filed with the Flo	rida Dept. of State)
P 13 000	100 958	
	nt Number of Corporation (if kno	wn)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this <i>Florida Profit Corp</i>	oration adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	ooration:	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc," or "Co". A professiona	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>ESS</u>)	5.0
		, : G
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		The state of the s
		i i
		
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		r the name of the
		
Name of New Registered Agent		
	(Florida street address)	
	(1 tortua street address)	¢.
New Registered Office Address:	(City)	, Florida(Zip Code)
	(011))	(Lip could)
New Registered Agent's Signature, if changing Regist		
I hereby accept the appointment as registered agent. I a	um familiar with and accept the a	bligations of the position.
Signati	ure of New Registered Agent, if c	hanging

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	PT John Do	o <u>e</u>	
X Remove	V Mike Jo	<u>ones</u>	
X Add	SV Sally Sr	nith_	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) Change	CEO	Rene Prats	
Add Remove			
2) Change	MGR	Ana Paula Oliveira	1444 Biscayne Boolevard Suik 216 - Miami
Remove 3)	<u>CFO-C</u> 00	Joan Barbosa	FL 33132 1444 Biscayne Bookevard suite 216- Hiami FC 33132
4) Change Add			
Remove 5) Change Add			
Remove 6)ChangeAdd			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	NIA
	
	·
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the ame</u> (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	NIA

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date <u>if applicable</u> : (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 vidocument'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 cast 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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature 4 51 5	<u></u>
(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 fiduciary by that fiduciary)	
Tool Ranhana	
(Typed or printed name of person signing)	
CFO - COO	
(Title of person signing)	