P160000051753

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JUN 24 2020 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: EL MANA LABO	RATORY USA INC	
DOCUMENT NUMB	ER: P16000051753		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	NUBIA GARCIA		
-		Name of Contact Person	1
	D'LEON INC		
-		Firm/ Company	
	1900 SABAL PALM DR SI	JITE 101	
-		Address	
	DAVIE, FL 33324		
-	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	2
	nubiacgarciac@gmail.com	1	
-		sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
NUBIA GARCIA		305	7814165
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi: P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

EL MANA LABORATORY USA INC

EL MANA LABORATORT USA INC	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P16000051753	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
GENVID LAB INC	
name must be distinguishable and contain the word "corporation,"	The new
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	202
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	麗 💆 🎢
(Mulling underess MAT BE A FOST OFFICE BOA)	
D. If amending the registered agent and/or registered office ad	
new registered agent and/or the new registered office addre	<u>ss:</u>
Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address:	. Florida
The state of the s	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.
Signature of New	Registered Agent, if changing
Organia of Hen	Company of Company

Check if applicable

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

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)

Example:

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	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	<mark>g additional Artic</mark> ts, if necessary).	(Be specific)			
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f an amand	rides for an excha	ange, reclassifica	tion, or cancellation	on of issued shares,	
r an amendment pro	indicate N/A)	idilielli ii ilot coi	itained in the ame	nument user:	
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	05/01/2020
The date of each amendment(s) adoption:, if other that
date this document was signed.	
	05/01/2020
Effective date if applicable:	
	(no more than 90 days after amendment file date)
	his block does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were action was not required.	e adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement dfor 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)
06/02/	2020
Dated	2020
Signature	Ouido Querara
	a director, president or other officer – if directors or officers have not been
	ected, by an incorporator - if in the hands of a receiver, trustee, or other court
	pointed fiduciary by that fiduciary)
	GUIDO E GUEVARA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)