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Office Use Only



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COVER LETTER,

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GO EYEWEAR	USA INC.	
DOCUMENT NUMBER: P21000044559		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	matter to the following:	
Federica Magni		
	Name of Contact Person	
Barakat + Bossa		
	Firm/ Company	
2701 Ponce de Leon Blvd.	· Suite 202	
·	Address	
Coral Gables · Florida · 33	City/ State and Zip Code	2
corporate@b2b.legal E-mail address: (to be	used for future annual report	notification)
For further information concerning this matter, pl	lease call:	
Federica Magni	at (<u>305</u>) 444.3114
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	de payable to the Florida Depa	artment of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ameno Divisio	Address Iment Section on of Corporations entre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

GO EYEWEAR USA INC. (Name of Corporation as current)	y filed with the Florida Dept. of State)
P21000044559	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," " "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 MUST BE A STREET ADDRESS)	100
	33
C. Enter new mailing address, if applicable:	٠, ٥
(Mailing address MAY BE A POST OFFICE BOX)	
	2.
	7-8 PA 12: 28
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	tress in Florida, enter the name of the
	
Name of New Registered Agent	
(El million	reet address)
Griorida M	rect tituless)
New Registered Office Address:	(City) Florida (Zip Code)
	(Cap)
New Registered Agent's Signature, if changing Registered Agen Thereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.
Cimmer of Man	Registered Agent, if changing
Signature of New	negmerea agem, y changing

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	D	RUI GOMES DA SILVA	2701 PONCE DE LEON
			BOULEVARD, SUITE 202
Add			CORAL GABLES, FL 33134
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

	adding additional sheets, if necessa	ry). (Be specific	·)			
	— · -					
					-	•
						
						
						
						
						
an amanda	ent provides for a	n exchange, reclas	sification, or ca	cellation of issue	ed shares.	
	r implementing th	e amendment if n	ot contained in t	he amendment it	self:	
neovicione fo	plicable, indicate N	74)				
provi <u>sions fo</u>	prictione, materials	/A)				
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The date of each amendment(s) adop	dion:	
date this document was signed.		
Effective date if applicable:		
	the more than 90 days after amendment file dater	
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirement timent of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted action was not required.	ed by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffic	ed by the shareholders. The number of votes cast for the ame cient for approval.	endment(8)
	ved by the shareholders through voting groups. The following th voting group entitled to vote separately on the amendment	
"The number of votes east for	the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated 10/05/2021	- AHA	
selected, b	ctor, president or other officer – if directors or officers have now an incorporator – if in the hands of a receiver trustee, or offiduciary by that fiduciary	
1	(Typed or printed name of person signing)	
_	Dillactor (Title of person signing)	