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C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOI	RATION: Lyoness Mi BER: F1000000499	anagement Ame 7	ericas, Inc.	
	of Amendment and fee are su			
Please return all corre	spondence concerning this mat	tter to the following:		
	Efrain Vega			
		Name of Contact Persor	1	
	Lyoness Management Americas, Inc.			
		Firm/ Company		
	1450 Brickell Ave	. Suite 1700		
		Address		
	Miami FL 33131			
		City/ State and Zip Code	2	
efra	ain.vega@lyoness	SUS		
	.	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
Efrain Vega		at (786	, 220-7822	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

Lyoness Management Americas, Inc.

Lyoness Management Am	iencas, inc.	d.	
(Name of Corporation as cu	irrently filed with the Florida Dept	t. of State)	五百姓 第 · · · · · · · · · · · · · · · · · ·
F1000004997			
(Document N	Number of Corporation (if known)		CO TOTAL
Pursuant to the provisions of section 607.106 its Articles of Incorporation:	06, Florida Statutes, this <i>Florida Pro</i>	fit Corporation adopts th	he following amendment(s) to
A. If amending name, enter the new name	e of the corporation:		The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designati word "chartered," "professional association	on "Corp," "Inc," or "Co". A pro-		" or the abbreviation
B. Enter new principal office address, if a (Principal office address MUST BE A STR			
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF			
D. If amending the registered agent and/o new registered agent and/or the new r	or registered office address in Flor egistered office address:	ida, enter the name of t	<u>he</u>
Name of New Registered Agent	•		
_	(Florida street address)	<u></u>	
New Registered Office Address:		. Florida	
Her Regissorou Office Hauress,	(City)	,	ip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registere		cept the obligations of the	e position.
Signo	ature of New Registered Agent, if cha	 Inging	

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: 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) Change	DIR	Joaquin Zeledon	1450 Brickell Ave
Add			Ste 1700
Remove			Miami FL 33131
2) Change			
Add			
Remove			
3) Change	·····	_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
O Ch			
6) Change			
Add			
Remove			

amending or adding additional Artic ttach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
rovisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: August 15, 2014	_, if other than the
date this document was signed.	
Effective date if applicable:	_
(no more than 90 days after amendment file date)	
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)	
(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 September 4, 2014	
(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)	_
Efrain Vega	
(Typed or printed name of person signing)	
Chief Financial Officer	
(Title of person signing)	