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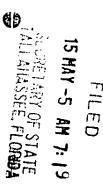
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Special Instructions to	Filing Officer:	





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COVER LETTER

Dr. George Einstein PhD ScD hon Pwlessor				
EMI Coup USA				
512 N. PALMWAY				
Address				
FL 33460 Lake Worth				
City/ State and Zip Code				
george Cinstein og mail com E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				

For further information concerning this matter, please call:

Or. Geovae Einstein at (561) 762 1131

Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee & Certificate of Status

TO: Amendment Section

□\$43.75 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

Einstein Medica	1 Tuckilla Cara USA
	n as currently filed with the Florida Dept. of State)
V1 00000	2942
	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
	The new
"Curp.," "Inc.," or Co.," or the designation, "Corp.," word "chartered," "professional association," or the a	"corporation," "company," or "incorporated" or the abbreviation ' "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	333 41th Street Suite 318
	MIAMI BEACH
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	as before 512 N. Palmway
	LAKE WORTH
	FL 33460
D. If amending the registered agent and/or registere new registered agent and/or the new registered or	
Name of New Registered Agent	
	·
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	tered Agent:
t hereby accept the appointment as registered agent. T	am familiar with and accept the obligations of the position.
	7 7 7
Signat	ure 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.

X Change	<u>PT</u>	John D	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally S	mith		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change	br.	_	Anna M	. Prgwinsk	e 13 Murozowicesw
Add					13y oly 05202 85870
_X Remove					Polend EU
2) Change	Mrs	_	Ewa M	Einstein	512 Noth Palmway
Add					Lake Worth
Remove	æ		., (FL33460
3) Change	<u>Or.</u>		Maciejr	Prywinski [*]	13 Morozo wiczowej
Add					Byolyoszur 85810
Remove			_		PULAND
4) Change	10r	_	Nick Ke	eloha	333 41th Street
X_ Add					MIAMI BEACH
Remove					FL 33410
5) Change	Dr.	_	Felicia Iz	unoble	19042 NW 54 Court
_ X Add					Miam Gardens
Remove					FL 19 042
6) Change		_			
Add					
Remove					

an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
rovisions for implementing the amendment if not contained in the amendment itself:	
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rovisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
)	

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 will document's effective date on the Department of State's records.	ll 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	
hy	
by	
☐ 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 April 29 2015	
Signature Iuvili'w	
(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)	
<u> Linstein</u>	
(Typed or printed name of person signing)	`
PhD SC Phon CEO and President	<u></u>
(Title of person signing)	