## P0000012432

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
|   |  |  |  |  |
| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| (ON) States Elph Hollo II)              |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
|   |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

Office Use Only



200414199932

09/07/23--01016--001 \*+52.50

09/07/23

2029 SEP - 7 PM 12: 40

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR           | RATION: M-Brain Inc.   |  |   |  |  |
|--------------------------|--|--|---|--|--|
| DOCUMENT NUME            | P00000012432   |  |   |  |  |
| The enclosed Articles    | of Amendment and fee are su  | bmitted for filing.  |   |  |  |
| Please return all corres | spondence concerning this ma   | tter to the following:   |   |  |  |
|                          | Christopher J. Klein, Esq.   |  |   |  |  |
|                          |  | Name of Contact Person   | 1   |  |  |
|                          | Baur & Klein, P.A.   |  |   |  |  |
|                          |  | Firm/ Company  |   |  |  |
|                          | 11767 S. Dixie Hwy. Suite 1  | 03   |   |  |  |
| Address                  |  |  |   |  |  |
|                          | Miami, FL 33156  |  |   |  |  |
|                          |  | City/ State and Zip Code   |   |  |  |
|                          | cklein@worldwidelaw.com  |  |   |  |  |
|                          | E-mail address: (to be us  | ed for future annual report                                      | notification)   |  |  |
| For further information  | n concerning this matter, pleas  |  |   |  |  |
| Christopher J. Klein     |  | at (305  | 377-3561  |  |  |
| Name of Contact Person   |  | Area Coo   | de & Daytime Telephone Number   |  |  |
| Enclosed is a check fo   | r the following amount made  | payable to the Florida Depa                                      | artment of State:   |  |  |
| S35 Filing Fee           | □\$43.75 Filing Fee & Certificate of Status  | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)                  |  |  |
| Ame<br>Divi<br>P.O.      | ling Address<br>endment Section<br>sion of Corporations<br>Box 6327<br>ahassee, FL 32314 | Amend<br>Divisio<br>The Co<br>2415 N                             | Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303 |  |  |

GIVISTA FEE METERS IN

## **Articles of Amendment** to Articles of Incorporation of

| M-Brain Inc.  |   |
|---|---|
| (Name of Corporation as   | currently filed with the Florida Dept. of State)  |
| P00000012432  |   |
| (Document N   | Sumber of Corporation (if known)  |
| Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:   | utes, this Florida Profit Corporation adopts the following amendment(s) to  |
| A. If amending name, enter the new name of the corpor   | ation:  |
| Valona USA Inc.   | The new   |
| name must be distinguishable and contain the word "corpora" Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation | ation," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES   | <u>S</u> )  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   |   |
| D. If amending the registered agent and/or registered of new registered agent and/or the new registered office  |   |
| Name of New Registered Agent  |   |
|   | Florida street address)   |
|   |   |
| New Registered Office Address:  | , Florida   |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am  | ed Agent:   |
| Signature   | of New Registered Agent, if changing  |

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

| The date of each amendment(s) addate this document was signed.           | September 6, 2023  | , if other than the    |
|--|--|------------------------|
| Effective date if applicable:  |  |                        |
| one are a apparente.   | (no more than 90 days after amendment file date)   |                        |
| Note: If the date inserted in this bidocument's effective date on the De | ock does not meet the applicable statutory filing requirements, this date wil partment of State's records.   | l not be listed as the |
| Adoption of Amendment(s)   | (CHECK ONE)  |                        |
| ☐ The amendment(s) was/were ado action was not required.                 | pted by the incorporators, or board of directors without shareholder action and  | l shareholder          |
| The amendment(s) was/were ado<br>by the shareholders was/were su         | pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.   |                        |
| must he separately provided for  | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):  for the amendment(s) was/were sufficient for approval |                        |
| by   | ,,   |                        |
|  | (voting group)   |                        |
| September of Dated   | T. Reday   | 2023 SEP -7            |
| selected   | rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)         | (#3.20%)<br>  PN12:40  |
|  | Thomas Rideg   | <b>1</b> 0             |
|  | (Typed or printed name of person signing)  |                        |
|  | Secretary  |                        |
|  | (Title of person signing)  |                        |