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SECRETARY OF STATE

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COVER LETTER .

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: HYLA U.S. GASS	MANN, INC	
DOCUMENT NUM	BER: P01000012126		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Filiz Gassmann		
		Name of Contact Person	n
	HYLA U.S. GASSMANN, I	NC.	
		Firm/ Company	
	1262 East Newport Center D	r	
		Address	
	Deerfield Beach, FL 33442		
		City/ State and Zip Cod	e
•			
accou	enting@hyla-us.com	and Conference and appoint	mat (Carting)
	n-man address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Filiz Gassmann		at (954	571-5550
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	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)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 phassee, FL 32314	Ameno Divisio Clitton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

FILED SECRETARY OF STATE DIVISION OF CORPORATION

Articles of Amendment to Articles of Incorporation of

15 JUL 15 AM 10: 01

HYLA U.S. GASSMANN, INC.	
(Name of Corporation as c	urrently filed with the Florida Dept. of State)
P01000012126	
(Document Nu	imber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	es. this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporat	tion:
HYLA USA, INC.	The new
name must be distinguishable and contain the word "cor" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc. word "chartered," "professional association," or the abbrev	poration," "company," or "incorporated" or the abbreviation" or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office and/or the new registered office a	
Name of New Registered Agent	
: (Fl.	orida street address)
New Registered Office Address:	. Florida
New Registered Office Madress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
Signatura	f 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 <math>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 Do	<u>ne</u>			
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title		Name	<u>Addres</u> s		
1) Change		_				
Add						
Remove						
2) Change		_				
Add						
Remove						
3) Change			17 111 00 141 A			
Add				-		
Remove						
4) Change		_				
Add						
Remove						
5) Change		-				
Add						
Remove						
6) Change		_				
Add				-		
Remove						

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
·		
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	endment if not contained in the amendmen(itself:	

The date of each amendment(s) adoption:	FILED
date this document was signed.	SECRETARY (Opther) than the DIVISION OF CORPORATIONS
07/13/2015	
Effective date if applicable:	15 JUL 15 AM 10: 0 I
(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, document's effective date on the Department of State's records.	this date will 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 amen by the shareholders was/were sufficient for approval.	dment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by ."	
by	,
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	ıreholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	lder
Dated	
Signature (By a director, president of other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	ot been her court
Filiz Gassmann (Typed or printed name of person signing)	
CFO/Co-CEO	