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TO: Amendment Secti Division of Corpo				TORCAS PAID: 05
NAME OF CORPOR	ATION: TE	CNOJURIS US	A CORP	600
DOCUMENT NUMB	D03000038601		ON OF THE STATE OF	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		,
Please return all corres	pondence concerning this ma	atter to the following:		
	MON	QUE TRONCO	NE CPA	
-		Name of Contact Perso		
	MONIC	QUE TRONCON	E CPA PA	
-		Firm/ Company		<u> </u>
	55 N	E 5TH AVENUE	SUITE 501	
-		Address		
BOCA RATON, FL 33432				
		City/ State and Zip Cod	e	
	mo	nica@troncone-	cpa.com	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
MONIQU	JE TRONCONE	_{at (} 561	, 417-0308	
Name o	f Contact Person	Area Co	de & Daytime Telephone Num	ber
Enclosed is a check for	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)	
Maili	ing Address	Street	Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Total San Os San Os

TECNOJURIS USA CORP

(Name of Corporation as currently filed with the Florida Dept. of State)
P0300028601

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new na	me of the corporation:		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	". A professional corporal	rated" or the abbreviation
B. Enter new principal office address, (Principal office address MUST BE A S		N/A	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		N/A	
D. If amending the registered agent an		s in Florida, enter the nam	e of the
new registered agent and/or the nev	v registered of fice address: N/A		
Name of New Registered Agent	N/A		
	(Florida street	address)	
New Registered Office Address:	N/A	, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if cl		h and account the ability time	of the maritim
I hereby accept the appointment as regist			oj tne postiton.
- Sis	enature of New Registered Age	ent, 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.

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	S	FABIOLA F DE ORTA	3150 N.PALMAIRE DRIVE
Add			BLDG 10 - APT. # 101
Remove		·	POMPANO BCH, FL 33069
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	Articles, enter change(s) here: (ry). (Be specific)	
/A		
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	exchange, reclassification, or cancellation	of issued shares,
If an amendment provides for an		
provisions for implementing the	amendment if not contained in the amend	iment usen;
provisions for implementing the (if not applicable, indicate N/2	amendment if not contained in the amend	<u>mient itsell;</u>
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provisions for implementing the (if not applicable, indicate N/2	amendment if not contained in the amend	ment itseit:
If an amendment provides for an provisions for implementing the (if not applicable, indicate N/A)	amendment if not contained in the amend	ment itself:

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)	,
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	
(voling 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.	
DatedOCTOBER 09, 2014	
Signature	
(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)	_
RAIMUNDO E. ORTA POLEO	
(Typed or printed name of person signing)	<u> </u>
VICEPRESIDENT	
(Title of person signing)	_