

Office Use Only



200313619572

05/22/18--01011--017 **35.00

FILED
18 HAY 22 PH 3: 28

R WHITE MAY 23 2018

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: _ BioAmerica Inc DOCUMENT NUMBER: P04000143756 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Tiago Duarte Name of Contact Person BioAmerica Inc Firm/ Company 1495 NE 33rd Ave Unit 101 Address Homestead FL 33033 City/ State and Zip Code finance@bioamerica-inc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 606-5227

Area Code & Daytime Telephone Number Tiago Duarte Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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 of

FILED

18 MAY 22 PM 3: 28

SECRETARY AT MATERIAL ASSAULT FILDRIDA

BioAmerica Inc

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P04000143756	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</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 office ad- new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	nt: r with and accept the obligations of the position.
Signature of New	Revistered 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.

Example: X Change	PT John Doe		
X Remove	V Mike Jones		
<u>X</u> Add	SV Sally Smith		
Type of Action (Check One)	<u>Title</u> <u>Name</u>		<u>Addres</u> s
1) Change	O Tiago S		13230 SW 132nd Ave Unit 33
Add X Remove	(LISTED UNDER "OFFICERS" AS "REGISTERED ACK	ω7°)	Miami FL 33186
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		***	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
f an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment 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 require document's effective date on the Department of State's records.	ments, 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 by the shareholders was/were sufficient for approval.	: amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The foll must be separately provided for each voting group entitled to vote separately on the amend	owing statement dment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action a action was not required.	ınd shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and staction was not required.	hareholder
Dated O5/17/18 Signature	
(By a director, president or other officer – if directors or officers h selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	
Cristiano Carioni	
(Typed or printed name of person signing)	
CEO	
(Title of person signing)	