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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : KIM MARKS CPA
Account Number : 120120000072
Phone : (305)895-5815
Fax Number : (305)895-6273

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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COR AMND/RESTATE/CORRECT OR O/D RESIGN MONTHUR USA, INC.

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COVER LETTER

TO: Amendment Sec Division of Corp						
NAME OF CORPO	RATION: MONTHUR USA	, INC.				
DOCUMENT NUM	BER: P06000064997		····			
The enclosed Articles	of Amendment and fee are sa	abmitted for filing.	•			
Please return all corre	spondence concerning this ma	tter to the following:				
	Stephen Korn		•			
		Name of Contact Person	D			
	Kim Marks CPA PA					
	Firm/ Company					
	2136 NE 123rd St					
		Address				
	North Miami, FL 33181					
		City/ State and Zip Cod	E			
Stepl	nen@kimmarkscpa.com					
	E-mail address: (to be u	sed for future annual report	notification)			
For further information	n concerning this matter, pleas	se call:	1			
Stephen Korn		at (305	895-5815			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	riment of State:			
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additiona! copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
	Hing Address		Address ment Section			

Division of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

MONTHUR USA, INC.	<u> </u>	
<u> </u>	s currently filed with the Florida	Dept. of State)
16000064997		
(Document	Number of Corporation (if known)	
arsuant to the provisions of section 607.1006, Florida Sta Articles of Incorporation:	nutes, this Florida Profit Corporate	lon adopts the following amendment(
If amending name, enter the new name of the corpo	ration:	
IS FACTORING INC		The new
une must be distinguishable and contain the word "c Corp.," "Inc.," or Co.," or the designation "Corp," " ord "charsered," "professional association," or the abb	Inc," or "Co". A professional co	corporated" or the abbreviation
Enter new principal office address, if applicable; rincipal office address MUST BE A STREET ADDRE	<u></u>	20
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1 "'
(mailing dadress MAT BE A POST OFFICE BOX)		
		
		ယူ
If amending the registered agent and/or registered		e name of the
new registered agent and/or the new registered offic	ce address:	
Name of New Registered Agent		
1	(Florida street address)	
New Registered Office Address:	(C:4.)	, Florida
	(City)	(Zip Code)
· · ·	•	1 ·
ew Registered Agent's Signature, if changing Register ereby accept the appointment as registered agent. I am	red Agent: n familiar with and accept the oblig	rations of the position.
Signature	e of New Registered Agent, If chang	ging

H 19000 28 6 6843

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		
\underline{X} Remove \underline{V}	Mike Jones		
X Add <u>SV</u>	Sally Smith		
Type of Action Title (Check One)	<u>Name</u>	•	Address .
1)Change			
Add			
Remove		,	-
2) Change	_	•	•
Add			<u> </u>
Remove			
3) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
4) Change	-		
Add		-	
Remove		···	
5) Change	<u> </u>		
Add			·
Remove			
6) Change			
Add			
Remove			

amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)	
•	
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)	

Page 3 of 4

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			1
The date of each amendment(s) adoption:			, if other than
date this document was signed.	• •	· · · ·	
Effective date if applicables			'
(no	more than 90 days	after amendment file date)	1
Note: If the date inserted in this block does not m document's effective date on the Department of State	ect the applicable so's records.	tatutory filing requirements,	this date will not be listed as
Adoption of Amendment(s) (CHECK	(ONE)		
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro		er of votes east for the amend	iment(s)
☐ The amendment(s) was/were approved by the she must be separately provided for each voting grou	reholders through vo up entitled to vote se	oting groups. The following s parately on the amendment(s	statement):
"The number of votes cast for the amendme	nt(s) was/ware suffi	cient for approval	
by	·	h	j
fvoting g	group)		
☐ The amendment(s) was/were adopted by the board action was not required.	d of directors withou	nt sliarcholder action and sha	ch older
☐ The smendment(s) was/were adopted by the incor- action was not required.	potators without sha	areliolder action and sharehol	der
Dated September 25rd, 2019			
selected, by an incorpora	ator — If in the hands	directors or officers have not to fa receiver, trustee, or oth	been er court
	o IV Montiu		
СТуре	ed or printed name o	s person signing).	• • • • • • • • • • • • • • • • • • • •
Paediale		· ',	
•	(Title of pers	on signing)	

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