

## 124 284

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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: SCALE	MARKET US	A, CORP
	er: <u>P07000</u>		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	MARISO	L M. TRUJII	LLO
_	<u> </u>	Name of Contact Persor	
_	SCI	ALE MARK	ET USA, CORP.
		Firm/ Company	
_	7825 NW	29th Stree	t, Suite 137
	_		
_	Dora	L, FL 331 City/ State and Zip Code	22
		City/ State and Zip Code	ę
	mc@S	cale Market ged for future annual report	.com
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Marisol	Trojillo	at ( <u>3</u> 05	de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
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)	Certificate of Status
	ng Address		Address
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
Tallahassee, FL 32314			Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation

SCALE MARKET USA CORP
(Name of Corporation as currently filed with the Florida Dept. of State)

POT 000 124284

(Document Number of Corporation (if known)

A. If amending name, enter the new name of the corpo	NA		The new
name must be distinguishable and contain the word ' "Corp" "Inc.," or Co.," or the designation "Corp," ' word "chartered," "professional association," or the abl	Inc," or "Co". A professional corporati	ited" or the abi on name must co	breviation ontain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	N/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
(maining damess <u>mirrogs</u>			<u></u>
	<u> </u>		SE
		1	
D. If amending the registered agent and/or registered	office address in Florida, enter the name	of the	B :II
new registered agent and/or the new registered off	N/A		÷ 5
Name of New Registered Agent		<u></u>	: 36
	(Florida street address)		
		Florida	
New Registered Office Address:	(City)	Florida (Zip C	lode)
New Registered Agent's Signature, if changing Regist	ered Agent:	efel e nacition	
I hereby accept the appointment as registered agent. I a	m familiar with and accept the obligations	of the position.	

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		
X Add	SV Sally Smith		
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s	
1) Change	T Castiblanco		treet
Add		Suite 137	
X Remove		Doral, FL 33	<u>12</u> 2
2) Change			
Add			<del></del>
Remove			<del></del>
3 ) Change		9	<del></del>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<del>_</del> _
Add			
Remove			

. <u>If amending or adding additional Articles, enter change(s) here:</u> (Attach additional sheets, if necessary). (Be specific)		
N/A		
JV/A		—
	<del></del>	_
	-	
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	<del>ුදු යු</del>	
	2 S S	
	7 U	**
	P - D	-
	7.	Π
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	70 A	(
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	⊋ <b>₹ %</b>	•
(g nor appreciate, material in A)	- <del>2</del> 6	
N/A	Zir -	
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The date of each amendment(s) adoption: 09/05/2019	, 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 requirements, this date w document's effective date on the Department of State's records.	ill 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 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"  (voting group)	
(voting 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.	6 19 SEP
Dated 09/05/2019	- PH
Signature (By a director, president or other officer – if directors or officers have not been	7 2: 3
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	<u></u> 8
Marisol Mtrujilo  (Typed or printed name of person signing)	
_	
President	<del></del>
(Title of person signing)	