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COVER LETTER

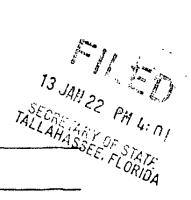
TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: NUTTY SCIENTISTS USA, INC. DOCUMENT NUMBER: P08000074594 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALEX ORTIZ, CPA Name of Contact Person SUAREZ, CEBALLOS, ORTIZ & VEGA, CPA'S Firm/ Company 354 SEVILLA AVE CORAL GABLES, FL 33134 City/ State and Zip Code ALEX@SCOVCPAS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 448-5255

Area Code & Daytime Telephone Number ALEX ORTIZ, CPA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee . \$\square\$ \$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 Street Address Amendment Section Amendment Section

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 Articles of Incorporation



NUTTY SCIENTISTS USA, INC.

(Name of Corporation as currently filed with the Florida Dent, of State)

P08000074594

(Document Number of Corporation (if known)

nendment(s) to

A. If amending name, enter the new name of the corporation:		mi
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Covord "chartered," "professional association," or the abbreviation "I	Co". A professional corpore	The new prated" or the abbreviation ution name must contain the
B. Enter new principal office address, if applicable: 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)		
 If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address; 	ess in Florida, enter the nan	ne of the
Name of New Registered Agent		
(Florida stre	et address)	
New Registered Office Address: (City)	, Florida_	(Zip Code)
iew Registered Agent's Signature, if changing Registered Agent; hereby accept the appointment as registered agent. I am familiar w	ith and accèpt the obligation:	s 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)

Example:

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.

X Change	PT	John Doc	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	S	ERIKA C. RAUSEO	1750 N.W 107TH AVE, #P313
Add			MIAMI, FL 33172
X Remove			
2) Change			
Add			PR
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add		•	
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove		•	

wii adaillon	adding additional f al sheets, if necessar	y). (Be specifi	c)		
					
					
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<u>ovisions for i</u>	nt provides for an eximplementing the audicable, indicate N/A)	mendment if no	sification, or ca it contained in (ncellation of issue the amendment it	ed shares. self:
			·		<u>.,,</u> , <u></u> ,
			<u></u>		*************
					
					
·-·-					

The date of each amendment(s)	adoption: 12/18/12
Effective date <u>if applicable</u> : 1	2/18/12
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	proved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	(voling group)
	(woling group)
☐ The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder
Dated	12/18/2012
Signature 🔀	1
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court
арроі	nted fiduciary by that fiduciary)
	NATALIA PUIG-LA CALLE
	(Typed or printed name of person signing)
	PRESIDENT
•	(Title of person signing)