P09000050439

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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Swiss Bionic Solutions USA, Inc.
DOCUMENT NUMBER: P0900050439
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elizabeth Limones Name of Contact Person Swiss Bionic Solutions USA, Inc.
Swiss Bionic Solutions USA, Inc. Firm/Company 12330 53 rd Street, Ste 703-704
Copper City FL 33330 City State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elizabeth Limones at 954, 766-4153 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation

of

Swiss Bionic Solutions USA, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)
(Name of Corporation as currently filed with the Florida Dept. of State)
PO900050439
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to the Articles of Incorporation:
1. If amending name, enter the new name of the corporation:
The new
tame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Elizabeth Limunes
Name of New Registered Agent 12330 53 rd Street, Ste 703-70 4 (Florida street address) New Registered Office Address: Couper City (City) Florida 33330 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing Check if applicable
The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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:

E xample: <u>X</u> 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	5	Elizabeth Limons	123305W 53rd Stre
X Add			Ste 703-704
Remove	_		Couper City, FL 3333
2) Change		Gregory C. Musser	12330 SW 53rd Street
Add		J	Ste 703-704
Remove 3) Change			Cooper City, FL 3333
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

(Attach additional s	ding additional Articles, enter of heets, if necessary).— (Be specif	îc)		
				
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If an amendment	provides for an exchange, recla	ssification, or cancellati	on of issued shares,	
(if not applied	plementing the amendment if nable, indicate N/A)	iot contained in the ame	endment (fself:	
	· · · · · · · · · · · · · · · · · · ·			

. .

The date of each amendment(s) ad-	option:	. if other than the
fate this document was signed.		
Effective date <u>if applicable</u> :	ino more than 90 days ofter i	
	mo more than 90 days after (amendment file datet
Note: If the date inserted in this blocoment's effective date on the Dep	ock does not meet the applicable statutor surtinent of State's records.	ry filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was were adoption was not required.	nted by the incorporators, or board of dire	ctors without shareholder action and shareholder
The amendment(s) was were adopty the shareholders was were suf-	nted by the shareholders. The number of ficient for approval.	voies cust for the amendment(s)
The amendment(s) was were appropriately provided for a	oved by the shareholders through voting such voting group cutilled to vote separat	groups. The following statement cly on the amendmentist.
	or the amendment(s) was were sufficient	for approval
by	Collog group)	
Dated <u>Nevo</u> Signature (By a di selecte	rector, president or other officer is after the figure of a get fiduciary by that followary)	tions or officers have not been receiver, trustee, or other court
	(Typedor pringed name of per	K S C h
	President (Title of person signing)	