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| (Re | questor's Name) | |
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| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | | |
| Special Instructions to | Filing Officer: | |
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2012 JUN 15 P 2: 21
SECRETARY OF STATE
AND A SECRETARY OF STATE
A SEC

JUN 15 2012

COVER LETTER

| TO: Amendment Sect Division of Corpo | | | |
|-----------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------|-------------------------------------------|
| NAME OF CORPO | RATION: SULACER | USA INC | |
| DOCUMENT NUM | D1000006067 | | |
| | of Amendment and fee are sub | amitted for filing | |
| | | | |
| Please return all corre | spondence concerning this mat | ter to the following: | |
| | JORDI R TORRE | | |
| | IODDI D TODDE | Name of Contact Person | |
| | JORDI R TORRE | Firm/ Company | |
| | 2655 LE JEUNE | • |)4 |
| | | Address | |
| | CORAL GABLES | FL 33134 | |
| | | City/ State and Zip Code | |
| JO | JORDI.TORRENTS@TORRENTSLAW.COM | | |
| | E-mail address: (to be us | ed for future annual report | notification) |
| For further information | on concerning this matter, pleas | se call: | |
| | • | | 4400044 |
| JORDI R TO | | at (305 | 4466244 |
| | of Contact Person | | de & Daytime Telephone Number |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | | | |
| \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy | □\$52.50 Filing Fee Certificate of Status |
| | Commune of Status | (Additional copy is | Certified Copy |
| | | enclosed) | (Additional Copy is enclosed) |
| Ma | illing Address | Street | <u>Address</u> |
| Am | nendment Section | Amend | ment Section |

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

| | of · |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| SULACER USA INC | |
| (Name of Corporation as currently filed with the | e Florida Dept, of State) |
| P1000060675 | · ': |
| (Document Number of Corporation | n (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation: | nis Florida Profit Corporation adopts the following amendment(s) |
| A. If amending name, enter the new name of the corporation: | The new |
| name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," on word "chartered," "professional association," or the abbreviation, B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) | r "Co". A professional corporation name must contain the |
| C. Enter new mailing address, if applicable: | 0004 NUM 77711 AV/5 |
| (Mailing address MAY BE A POST OFFICE BOX) | 6801 N W 77TH AVE |
| | SUITE 302 |
| | MIAMI FL 33166 |
| D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr | |
| Name of New Registered Agent | e e |
| | |
| (Florida | street address) |
| New Registered Office Address: | , Florida |
| | ity) (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 growth of the

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 | <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 | TSD | ANNA PARAREDA | PLACA AUSIAS MARC 1, 2 -DESPATX 5 |
| Add | | | 08195 SANT CUGAT VALLES |
| X Remove | | ·· · | BARCELONA - SPAIN |
| | | • | |
| 2) Change | TD | JUAN ROCAFORT | PLACA AUSIAS MARC 1, 2 -DESPATX 5 |
| X Add | | | 08195 SANT CUGAT VALLES |
| Remove | <i>1.</i> | · ** | BARCELONA - SPAIN |
| 3) Change | SD | JOAN FRANQUESA | PLACA AUSIAS MARC 1, 2 -DESPATX 5 |
| X Add | | | 08195 SANT CUGAT VALLES |
| Remove | | | BARCELONA - SPAIN |
| · | | • | |
| 4) Change | CEO | JUAN LESTEGAS | 6801 NW 77TH AVE |
| Add | | · · · · · · · · · · · · · · · · · · · | SUITE 302 |
| Remove | | | MIAMI FL 33166 |
| • | | | |
| | | | |
| 5) Change Add | | <u>. </u> | |
| Add Remove | | | |
| Kemove | | : | : |
| | | · | |
| 6) Change | | | |
| Add | | • | |
| Remove | | | |

| If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | attach additional sheets, if necessary). (Be spec | ific) | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------|--|
| If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: | , | | |
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| The date of each amendment(s) adoption: 06/11/2012 | | |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Effective date if applicable: | <u> </u> | |
| | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ■ The amendment(s) was/were adopt by the shareholders was/were suffi | ed by the shareholders. The number of votes cast for the amendment(s) cient for approval. | |
| | ved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cast for | r the amendment(s) was/were sufficient for approval | |
| by | | |
| | (voting group) | |
| The amendment(s) was/were adopt action was not required. | ed by the board of directors without shareholder action and shareholder | |
| ☐ The amendment(s) was/were adopt action was not required. | ed by the incorporators without shareholder action and shareholder | |
| Dated 06/11/20 | 012 | |
| Signature | | |
| selected, | ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court I fiduciary by that fiduciary) | |
| <u>J</u> | OAN FRANQUESA | |
| ÷ | (Typed or printed name of person signing) | |
| , F | PRESIDENT | |
| · - | (Title of person signing) | |