P10000081630

(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F		
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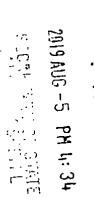


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	rion: Bralyx Usa, in	SC.	
DOCUMENT NUMBER	R: P10000081630		
The enclosed Articles of .	Amendment and fee are su	bmitted for tiling.	
Please return all correspon	ndence concerning this mat	ter to the following:	
Ca	rolina Meneghetti		
		Name of Contact Persor	1
Sa	fety Tax & Bookkeeping		
		Firm/ Company	
62	20 S Orange Blossom Trl :		
_		Address	
Or	lando, FL 32809 US		
		City/ State and Zip Code	<u> </u>
safety@:	safetytax.com		
	_	ed for future annual report	notification)
	oncerning this matter, pleas		UUU 17:7
Carolina Meneghetti	· · · · · · · · · · · · · · · · · · ·	at (
Name of C	Jontact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for th	e following amount made [payable to the Florida Depa	irtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Divisio P.O. Bo	g Address ment Section n of Corporations ox 6327 ssee, FL 32314	Amend Divisie Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	f	of			
BRALYX USA, INC.					
(Name)	of Corporation as curren	ntly filed with the Florida Dept. of State)		_	
P10000081630					
	(Document Number	of Corporation (if known)	<u></u>		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation adopts the fo	Howing amendment(s)	to	
A. If amending name, enter the new na	ame of the corporation:				
			The new		
	nation "Corp," "Inc," or	ion," "company," or "incorporated" or "Co". A professional corporation name 1 "P.A."			
B. Enter new principal office address,		6220 S ORANGE BLOSSOM TRL, S	STE 600		
(Principal office address MUST BE A S		ORLANDO, FLORIDA, USA, 32809			
	·				
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)		6220 S ORANGE BLOSSOM TRL. S	STE 600		
		ORLANDO, FLORIDA, USA, 32809			
to _s					
•				•	
D. If amending the registered agent ar			العام (ي) العام (ي)	- 	
new registered agent and/or the ne	· ·	· - ' · · · · · · · · · · · · · · · · ·	. O !	Ĩ	
Name of New Registered Agent	SAFETY TAX & BOOF		3		
New Registered Office Address:		street address)	<u> </u>		
	6220 S ORANGE BLOSSOM TRL. STE 600 ORLBUD Florida 32809				
		(Z.ip Code)			
New Registered Agent's Signature, if c	hanging Registered Age	nt.			
		r with and accept the obligations of the pos	tition.		
	<i>A</i>	مر الم			
		accer			

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> 6.1.</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>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
4) Change			
\Add			
Remove			<u> </u>
5) Change			
Add			
Remove			
(A) (Bonna)			
6) Change	-		
Add			
Remove			

ttach additio	r adding additional Arti nal sheets, if necessary)	(Be specific)			
	<u></u>				
			-		<u> </u>
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			<u>-</u>	<u>-</u>	
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			<u>.</u>		
					<u> </u>
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f an amendm	ent prov <u>ides for an excl</u>	iange, reclassifica	tion, or cancella	tion of issued sh	ares,
provisions fo	r implementing the ame	ndment if not con	tained in the am	endment itself:	
(if not ap	plicable, indicate N/A)				
	<u></u>				<u> </u>
					 .
					<u></u>
					_
		· 			

. . .

	JUNE 1ST, 2019	
The date of each amendment(s) date this document was signed.	adoption:, if othe	r than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	_
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will not be lis Department of State's records.	ted as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	iopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved 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 ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
	dopted by the incorporators without shareholder action and shareholder	
Dated	7-27/2019 Gundo (Allo	
Signature	Gundo (Allo	
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	GILBERTO POLETTO	
	(Typed or printed name of person signing)	-
	D/P	
	(Title of person signing)	_

the