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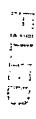
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: BRANDSCO DISTRIBUTOR, INC DOCUMENT NUMBER: P12000016409 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MAXINE PRYCE Name of Contact Person BRANDSCO DISTRIBUTOR, INC Firm/ Company 8207 SW 24ST Address NORTH LAUDERDALE, FL33068 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 548-1965

Area Code & Daytime Telephone Number MAXINE PRYCE Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State. S52.50 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & S35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment to **Articles of Incorporation** of

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 	CONTRACTOR AND ADDRESS OF THE	13.163	

A. If amending name, enter the new name of the corporation: GOOD BRANDS USA, INC.	(Document Number of Corporation (if known) rsuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) Articles of Incorporation: If amending name, enter the new name of the corporation: OOD BRANDS USA, INC The new 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 hartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: 840 SW SIST AVE, SUITE 300-R NORTH LAUDERDALE, FL33068 Enter new mailing address MAYBE A POST OFFICE BOX) RORTH LAUDERDALE, FL33068 If amending the registered agent and/or registered office address in Florida, enter the name of the	BRANDSCO DISTRIBUTOR, INC					
Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendme its Articles of Incorporation: A. If amending name, enter the new name of the corporation: GOOD BRANDS USA, INC The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," a professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the	(Document Number of Corporation (if known) resuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) Articles of Incorporation: If amending name, enter the new name of the corporation: DOD BRANDS USA, INC The new member of 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 hartered, "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS) Enter new upailing address if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address: Name of New Registered Agent MANINE PRYCE NORTH LAUDERDALE MANINE PRYCE 8207 SW 24ST (Florida street address) NORTH LAUDERDALE 33068	(<u>Name o</u>	of Corporation as currently	filed with the Florida De	pt. of State)		
Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendme its Articles of Incorporation: A. If amending name, enter the new name of the corporation: GOOD BRANDS USA, INC The new name must be distinguishable and contain the word "corporation." "company." or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the	If amending name, enter the new name of the corporation: If amending name, enter the new name of the corporation: DOD BRANDS USA. INC	P12000016409					
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"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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NORTH LAUDERDALE, FL33068 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the	Enter new principal office address, if applicable: rincipal office address, if applicable: rincipal office address, if applicable: rincipal office 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 MAXINE PRYCE 840 SW 81ST AVE. SUITE 300-R 840 SW 81ST AVE. SUITE 300-R 80RTH LAUDERDALE. FL33068 Post of Suite Su	GOOD BRANDS USA, INC				_The	new
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NORTH LAUDERDALE. FL33068 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the	Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS) NORTH LAUDERDALE, FL33068 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: Name of New Registered Agent MAXINE PRYCE 8207 SW 24ST (Florida street address) NORTH LAUDERDALE 33068	"Inc.," or Co.," or the designation "C	lorp," "Inc," or "Co". A	professional corporation	name must conta	on "Co. in the s	rp.," word
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	Name of New Registered Agent 8207 SW 24ST (Florida street address) NORTH LAHDERDALE 33068				ame of the	œ	
Nome of Non-Reviewed Agent MAXINE PRYCE	8207 SW 24ST (Florida street address) NORTH LAHDERDALE 33068	Norma of Nine Revieward Agent	MAXINE PRYCE				
	NORTH LAUDERDALE 33068	Name of Sew Registerea Agent	8207 SW 24ST			_	
(Florida street address)	New Registered Office Address: NORTH LAUDERDALE , Florida 33068		(Florida stre	vet address)		_	
North Lauderdale 33068 North Lauderdale Florida	Sen registered Office Address.	Nave Rootstared Office Address:	NORTH LAUDERDALE		33068 Florida		
(City) (Zip Code)	(City) (Zip Code)	Note that the state of the stat				Code)	
					ons of the position.		
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.			Muxine	PryCe- egistered 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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add		Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u></u>	_	
Add			
Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
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Remove			
6) Change			
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<u>provisions for i</u>	nt provides for an e implementing the a icable, indicate N/A	mendment if no				
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The date of each amendment(s)	adoption:	, 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 document's effective date on the	block does not meet the applicable statutory filing red Department of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors witho	out shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east f sufficient for approval.	or the amendment(s)
	pproved by the shareholders through voting groups. The or each voting group entitled to vote separately on the o	
"The number of votes ca	st for the amendment(s) was/were sufficient for approva	al
by		 _·
	(voting group)	
10/01/20 Dated	• • • • • • • • • • • • • • • • • • • •	
(By a selec	director, president or other officer – if directors or officed, by an incorporator – if in the hands of a receiver, trinted fiduciary by that fiduciary)	
	MAXINE, PRYCE	
	(Typed or printed name of person signing)
	PTSD	
	(Title of person signing)	