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From:

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Phone : (305)364-8824

Fax Number

: (305)456-2910

R. WHITE

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MARERIK USA CORP

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COVER LETTER

Division of Corporations		
NAME OF CORPORATION: MARERIK USA C	ORP	
DOCUMENT NUMBER: P12000032982		
The enclosed Articles of Amendment and fee are sul	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
NAVIA TAX FIRM INC		
NAVIA TAX FIRM INC	Name of Contact Person	n ·
TAVA IMPROVED		
	Firm/ Company	
6135 NW 167 ST SUITE E-15	<u> </u>	
	Address	·· <u>-</u>
MIAMI LAKES, FL 33015		
	City/ State and Zip Code	8
lensur-consulting@live.com		
E-mail address: (to be us	ed for future annual report	notification)
For further information concerning this matter, please	e call:	
MANRIQUE SEBASTIAN	at (<u>305</u>	818-2032
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Depa	uriment of State:
\$35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301

В

2003

Articles of Amendment to Articles of Incorporation 15 JUL 10 M 9 19 SECRETARI AL DIRAFE MALLAHASSEE, FLORDA

		e Ta		
(Name	of Corporation as currently	flled with the Florida Dept. of State)		
12000032982				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607 ts Articles of Incorporation:	1006, Florida Statutes, this I	Torida Profit Corporation adopts the following amendment		
. If amending name, enter the new n	ame of the corporation:			
		The new		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the P.A."		
. Enter new principal office address.	if annlies bles	6135 NW 167 ST		
Principal office address MUST BE A S	TREET ADDRESS)	SUITE B-18		
		MIAMI LAKES, FL 33015		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6135 NW 167 ST		
		SUITE E-18		
		MIAMI LAKES, FL 33015		
	od/ov vacietabad office addre	ess in Florida, enter the pame of the		
If amending the registered agent as new registered agent and/or the ne	w registered office address:			
	w registered office address:			
new registered agent and/or the ne	w registered office address:			
new registered agent and/or the ne	w registered office address: MANRIQUE SEBASTIAN	-18 et address)		
	MANRIQUE SEBASTIAN 6135 NW 167 ST SUITE E (Florida street)	-18		

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.

X Change	<u>PT</u>	John Doe		
X Remove	¥	Mike Jones		
X Add	<u>\$</u> *	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	いとい Address	
1) Change	****		6135 NW 167 ST	_
			SUITE E-18	_
Remove			MIAMI LAKES, FL 33015	-
2) Change		<u> </u>		
Add				<u>.</u> 499
Remove				<u></u> Heavy
3)Change	<u> </u>			Cr
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6)Change				
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Remove				

	if necessary).	es, enter change(s) (Be specific)			
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	les for an exchan	e. reclassification	, or cancellation	of issued shares.	
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07/10/2015	11:49	FAX	3054582910

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The date of each amendment(s	07/10/2015	if other than the
date this document was signed.	y acopicos.	, it office than the
	77/10/2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	; will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(Voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
07/10/2	015	
Dated	In Jean Hause	
Signature	a director, president or other officer - if directors or officers have not been	RA
	ected, by an incorporator - if in the hands of a receiver, trustee, or other court	
	ointed fiduciary by that fiduciary)	
	SEBASTIAN MANRIQUE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	