P120000 66008

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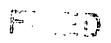
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DEXIM USA COR	tР 	<u> </u>
DOCUMENT NUM	P12000066008		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	RAFAEL DE ARAUJO		
		Name of Contact Persor	1
	LAW OFFICE OF RAFAEL	DE ARAUJO PA	
		Firm/ Company	
	1221 BRICKELL AVE STE	900	
		Address	_
	MIAMI FL 33131		
		City/ State and Zip Code	<u>-</u>
For further information	on concerning this matter, pleas		()s
		at (305-542-68	
	of Contact Person or the following amount made		•
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)
An Dir P,C	niling Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



DEXIM USA CORP				2010311		- D.U
(Name of Corporation	n as currently t	filed with the Florid	a Dept, of	State)	21	PH 4: 07
P12000066008				7. J.		1 2 m, E
(Docume	ent Number of C	Corporation (if known	ι)	i Ni.		JEE. FL
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this FI	orida Profit Corpora	<i>ition</i> adopts	the followi	ng am	endment(s) to
A. If amending name, enter the new name of the corp	pora <u>tion:</u>					
					The	new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the al	" "Inc," or "Ce	o". A professional c	incorporate corporation	d" or the (name mus)	abbrev Conta	viation uin the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>						
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>X</u>)					
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		ss in Florida, enter t	t <u>he name o</u>	f the		
Name of New Registered Agent						
	(Florida stree	n address)			_	
N D : 100 HI		,	El.	orida		
New Registered Office Address:		City)	· ' ''		v Code,)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent. I	istered Agent: I am familiar wi	ith and accept the obi	ligations of	the position	l.	
Siona	ature of New Re	vistored Avent if cha	ınoino	_	_	

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	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	Dexim Dist.Exp.Imp.Equiptos.Ind Lt	1200 Brickell Bay Dr 3102
			Miami, FL 33131
X Remove			
2) Change	Р	GODOFREDO CARBINATO JR	1200 Brickell Bay Dr 3102
X Add			Miami FL 33131
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

mon manifestation (including gracessary).	cles, enter change(s) here (Be specific)			
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-	<u> </u>			

16		annualistics of icense	Lehavoe	
If an amendment provides for an excl provisions for implementing the ame	name, reclassification, or endment if not contained i	n the amendment itse	lf:	
·			_	
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)	,			_
(if not applicable, indicate N/A)				_
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does a document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will not be listed as the f State's records.
Adoption of Amendment(s) (<u>CF</u>	HECK ONE)
■ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes east for the amendment(s) approval.
☐ The amendment(s) was/were approved by the must be separately provided for each voting	ne shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):
"The number of votes cast for the ame	endment(s) was/were sufficient for approval
by	oting group)
(vo	ting group)
■ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder
05/07/2019 Dated	
Signature (By a director, presselected, by an ine	sident or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court y by that fiduciary)
RAFAEL	DE ARAUJO, ESQ
	(Typed or printed name of person signing)
ATTORNI	EY OF PRESIDENT

• : . : . . .

(Title of person signing)