P13000085450

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COVER LETTER

TO: Amendment Section Division of Corporations PCI DEVICES USA, INC. NAME OF CORPORATION: P13000085450 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RODRIGO POSADA Name of Contact Person **GRUSHOFF & POSADA** Firm/ Company 6991 W BROWARD BLVD STE 105 Address PLANTATION, FL 33317 City/ State and Zip Code SCELIS@PCIDEVICE.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RODRIGO POSADA 954 Name of Contact Person Area Code & 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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



Articles of Amendment to Articles of Incorporation of

PCI DEVICES USA, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P13000085450 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name 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 "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 new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) _. Florida New Registered Office Address: 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.

Signature of New Registered Agent, if changing

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 De	<u>oe</u>				
X Remove	<u>V</u>	Mike Jones					
_X Add	<u>sv</u>	Sally Smith					
Type of Action (Check One)	Title		Name	<u>Addres</u> s			
1) Change	DP		LUIS F VENTURA	3610 NW 115TH AVE			
X Remove			•	DORAL, FL 33178			
2) Change	DP		SONIA CELIS	3610 NW 115TH AVE			
2) Change Add		_		DORAL, FL 33178			
Remove							
3)Change		_ ·					
Add Remove			•				
4) Change		_					
Add							
Remove							
5) Change Add		_					
Aud							
6) Change							
Add							
Remove	•			•			

	(Attach additional sheets, if necessar	39. ((Be specific)					
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	an amendment provides for an exch rovisions for implementing the amer (if not applicable, indicate N/A)	ange,	reclassificati	on, or can ined in the	cellation o	f issued shal ent itself:	res,	
	rovisions for implementing the amer	ange, ndmen	reclassificati	on, or can ined in the	cellation o c amendm	f issued shar ent itself:	res,	
	rovisions for implementing the amer	ndmen	reclassificati	ined in the	amendm	f issued sharent itself:	res.	
	rovisions for implementing the amer	ndmen	t if not conta	ined in the	amendm	f issued sharent itself:		
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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) Adoption of Amendment(s) (CHECK ONE) ■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. [1] The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval (voting group) ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. 6/29/2017 Dated Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) SONIA CELIŚ (Typed or printed name of person signing) DIRECTOR/PRESIDENT (Title of person signing)

06/29/2017