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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SEFINOT DEL SUR (USA) CORP					
DOCUMENT NUMBER: P 13 0000 86788					
	of Amendment and fee are su				
Please return all corre	spondence concerning this ma	tter to the following:			
	MONICA B CAPL	JLLA			
		Name of Contact Person	1		
	MBS INC				
		Firm/ Company			
	2341 EGREMON	T DR			
		Address	·—·		
	ORANGE PARK,				
		City/ State and Zip Code	e		
MC	APULLA@LIVE.C	COM			
	E-mail address: (to be us	ed for future annual report	notification)		
For further information concerning this matter, please call:					
MONICA B CAPULLA					
Name of Contact Person Area Code & Daytime Telephone Number			de & 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 & 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		Street Address			
Amendment Section		Amendment Section			
	sion of Corporations Box 6327	Division of Corporations Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			
•		Tallahassee, FL 32301			

Articles of Amendment Articles of Incorporation of

SEFINOR DEL S	UR (USA) CORP	
(Name of Corporation as currently filed with the F	lorida Dept. of State)	
P130000	086788	
(Document Number of Corporation (if	f known)	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the followi	ng amendment(s) to
A. If amending name, enter the new name of the corporation:		
SEFINOT DEL SUR (USA) CORP		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "oword "chartered," "professional association," or the abbreviation ". B. Enter new principal office address, if applicable:	Co". A professional corporation name must	abbreviation
(Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	SE - 13
D. If amending the registered agent and/or registered office address: Name of New Registered Agent N/A		CORETARY OF STA
(Florida stre	eet address)	8 등등
New Registered Office Address: N/A (City)	, Florida(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w		
Signature of New Registered A	gent 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 <math>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		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	D	MONICA B CAPULLA	2341 EGREMONT DR	
Add			ORANGE PARK, FL 32073	
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		·		
Add				
Remove				
5) Change				
Add				
Remove				
	<u></u>			
Add Remove				
i i Kemove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary) (Be specific)
ART IX
The name, street address and number of shares of stock suscribed on 10/22/2013 were
NAME: SEFINOT DEL SUR S.A.
ADDRESS: ESMERALDA 819, 1ERO B
C1007ABI CABA
ARGENTINA
SHARES: 100%
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A
<u></u>

The date of each amendment(s) adoption: 10/28/2013 date this document was signed.	, if other than the
Effective date if applicable: 10/28/2013	
(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.	ı
The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	ıt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(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.	
Dated_OCTOBER 287H 2013 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)	
SIMON NAJMAN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	