## P14000054145

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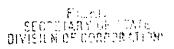
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Licium Technology	y Corporation			
DOCUMENT NUM	P14000054145				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this mat	tter to the following:			
	Benoit Lesperat				
		Name of Contact Person	1		
	usXpertise				
		Firm/ Company			
	555NE 15th street, suite 200				
		Address			
	Miami, FL 33132				
		City/ State and Zip Code	2		
aor	hond@gmail.com				
	<del>-</del> -	sed for future annual report	notification)		
	77 6137 657 650 (10 00 01		,		
For further informati	on concerning this matter, pleas	se call:			
Benoit Lesperat		at (_646	783-1140		
Nam	e of Contact Person		de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment 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  Amendment Section  Division of Corporations  P.O. Box 6327		Ameno Divisio Clifton	Address Iment Section on of Corporations Building		
Tallahassee, FL 32314 2661 Executive Center Circle					

Acil

## Articles of Amendment to Articles of Incorporation of



Licium Technology Corporation

15 MAY -5 AM 7: 52

(Name of Corporation	as currently filed with the Florida Dept. of State)
P14000054145	
(Document	t Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida St its Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:
n/a	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abl	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
B. Enter new principal office address, if applicable:	n/a
(Principal office address MUST BE A STREET ADDRE	<u>ESS</u> )
C. Enter new mailing address, if applicable:	-10
(Mailing address MAY BE A POST OFFICE BOX)	n/a
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	office address in Florida, enter the name of the
n/a	ice address.
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe	ered Agent:
	m familiar with and accept the obligations of the position.
Signatu	ure of New Pagistored Agent if changing

Page 1 of 4

## 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	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	S	Cyrille ORHOND	407 Lincoln Road
Add			12F
Remove			Miami, FL 33139
2) X Change	PT	Anne ORHOND-VANDEGINSTE	407 Lincoln Road
Add			12F
Remove			Miami, FL 33139
3 ) Change			
Add			
Remove			
4) Change			
Add .			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Page 2 of 4

Attach additional sheets, if necessary).	(be specific)	i			
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f an amendment provides for an exch	ange, reclassific	ation, or cand	ellation of issu	ed shares,	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/4)	nange, reclassific ndment if not co	ation, or cand ntained in the	ellation of issu amendment i	ed shares, tself:	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassific ndment if not co	ation, or cand ntained in the	ellation of issu amendment i	ed shares, iself:	
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Page 3 of 4

	ion:	, if other than the
date this document was signed.		SECTETARY RESEARCH OF MARKET SECTION OF MARKETS OF MARK
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	15 MAY -5 AM 7: 52
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, the ment of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adopted by the shareholders was/were suffici	I by the shareholders. The number of votes cast for the amendment for approval.	nent(s)
	ed by the shareholders through voting groups. The following st h voting group entitled to vote separately on the amendment(s)	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and share	eholder
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and sharehold	ler
Dated Die 2	4115	
Signature(By a direc	tor, president or object efficer - if directors or officers have not	been
selected, b	y an incorporator – if in the hands of a receiver, trustee, or othe fiduciary by that fiduciary)	
An	ne ORHOND-VANDEGINSTE	
<del></del>	(Typed or printed name of person signing)	
Pre	esident	
<del>-</del>	(Title of person signing)	