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Amend

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1 ALBRITTOW

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	SANITAS USA, Inc.
DOCUMENT NUMBER: P140	00063826
	ent and fee are submitted for filing.
Please return all correspondence c	oncerning this matter to the following:
Humberto	E Ruiz
·	Name of Contact Person
Ruiz & Co	npany
	Firm/ Company
2385 N.W.	Executive Center Drive, Suite 100
	Address
Boca Rator	. FL 33431
	City/ State and Zip Code
humberto@ruizar	dcompany.com
E-mail	address: (to be used for future annual report notification)
For further information concerning	this matter, please call:
Humberto E. Ruiz	ar (561) 443-7191
Name of Contact P	erson Area Code & Daytime Telephone Number
Enclosed is a check for the followi	ng amount made payable to the Florida Department of State:
	75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee ficate of Status (Additional copy is enclosed) (Additional Copy is enclosed) S52.50 Filing Fee & Certificate of Status (Certified Copy (Additional Copy is enclosed)
Mailing Addres Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, F1.	ion Amendment Section orations Division of Corporations Clifton Building

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SANITAS USA, Inc.

(Name of Corporat	ion as currently	filed with the Florid	da Dept. of Stat	<u>e</u>)		
	P1400006382	26				
(Docur	ment Number of (Corporation (if know	n)			
Pursuant to the provisions of section 607,1006, Florid its Articles of Incorporation:	la Statutes, this F	lorida Profit Corpor	ation adopts the	following	g amend	ment(s) t
A. If amending name, enter the new name of the co	orporation:					
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o, " "Inc, " or "C	o". A professional	incorporated" corporation nan	or the al	_The n pbreviati contain (on
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADI</u>				 .		-
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>)X</u> 1			SECOND 17 SECOND	2018 JUL 30	
O. If amending the registered agent and/or register new registered agent and/or the new registered		ss in Florida, enter t	the name of the	UF STATE	FM : 50	- M
Name of New Registered Agent						
	(Florida stree	t address)				
New Registered Office Address:			, Florida			_
	<i>(</i> (иуэ		(Zip C	ode)	
			•.			
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent.	gistered Agent: I am familiar wi	th and accept the obl	igations of the p	osition.		
			_			
Sign	ature of New Reg	nstered Agent, if cha	nging			

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: \underline{X} Change	<u>PT</u> <u>Jol</u>	hn Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	C.F.O.	Maria R. Felella	1819 SE 17th Street
X Add			Unit CU-1
Remove			Ft. Lauderdale, FL 33316
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)	
		2000
		
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<u> </u>		
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f an amendment provides for an exch	ange, reclassification, or cancellation of issued sl	hares,
(if not applicable, indicate N/A)	dment if not contained in the amendment itself:	
-		
 		

The date of each amendment(s)	adoption:	if other than the
date this document was signed.	4 05 0010	
ار Effective date <u>if applicab</u> le:	ıly 25, 2018	
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not Department of State's records	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) 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):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	.	
•	(voting group)	
☐ The amendment(s) was/were a action was not required.	idopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	idopted by the incorporators without shareholder action and shareholder	
July 25, 1 Dated	2018	
Signature 4		
selee	director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other countried fiduciary by that fiduciary)	
	Alberto Ospina	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	