## P14000088915

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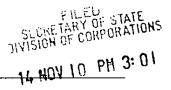
## COVER LETTER

**TO:** Amendment Section Division of Corporations

PARLANTI USA INC  DOCUMENT NUMBER: P14000088915  The enclosed Articles of Amendment and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:    Joanne Farrar	D. T. Colon St. Samperations					
Please return all correspondence concerning this matter to the following:  Joanne Farrar  Name of Contact Person  Accounting & Tax Office Inc.  Firm/ Company  12773 W. Forest Hill Suite 1201  Address  Wellington FL 33414  City/ State and Zip Code  joanne@wellingtoncpa.net  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Joanne Farrar  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:  State and Zip Code  Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  Certificate of Status  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  Certificate of Status  Additional copy is enclosed)  Mailing Address  Street Address	NAME OF CORPORATION: PARLANT	TI USA INC				
Doanne Farrar   Name of Coatact Person	DOCUMENT NUMBER: P1400088	915				
Joanne Farrar  Name of Contact Person Accounting & Tax Office Inc.  Firm/ Company 12773 W. Forest Hill Suite 1201  Address  Wellington FL 33414  City/ State and Zip Code  joanne@wellingtoncpa.net  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Joanne Farrar    Sate of Contact Person   Area Code & Daytime Telephone Number	The enclosed Articles of Amendment and fee are su	bmitted for filing.				
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Street Address   Street Address   Test Part   Test P						
12773 W. Forest Hill Suite 1201   Address   Wellington FL 33414     City/ State and Zip Code     joanne@wellingtoncpa.net     E-mail address: (re be used for future annual report notification)	Accounting & T					
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Wellington FL 33414  City/ State and Zip Code  joanne@wellingtoncpa.net  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Joanne Farrar  Joanne Farrar  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:  Certificate of Status  Certificate Opy (Additional copy is enclosed)  Mailing Address  Street Address	12//3 W. Fore	st Hill Suite 1	201			
For further information concerning this matter, please call:    Joanne Farrar	NA 6 43 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Joanne Farrar    Joanne Farrar   Solid   Tourism   Touri	Wellington FL					
For further information concerning this matter, please call:    Joanne Farrar		City/ State and Zip Code	e			
For further information concerning this matter, please call:  Joanne Farrar  Solution of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  Street Address  Street Address  Enclosed)  For further information concerning this matter, please call:    1561   790-2092     790-	ioanne@wellingtoncpa.net					
Joanne Farrar   361   790-2092     Name of Contact Person   Area Code & Daytime Telephone Number	E-mail address: (ic be used for future annual report notification)					
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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:  **State**	For further information concerning this matter, please call:					
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:  **State**	1	F1 0 4	700 0000			
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\$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certified Copy  (Additional Copy is enclosed)  Mailing Address  Street Address	Name of Contact Person	Area Co	de & Daytime Telephone Number			
Certificate of Status  Certificate of Status  (Additional copy is Certified Copy enclosed)  (Additional Copy is Certified Copy enclosed)  (Additional Copy is enclosed)   Mailing Address  Street Address	Enclosed is a check for the following amount made payable to the Florida Department of State:					
	Ü	<ul> <li>Certified Copy (Additional copy is</li> </ul>	Certificate of Status Certified Copy (Additional Copy			
Amendment Section Amendment Section						
Division of Corporations Division of Corporations						

Amendment Section Division of Corporations P.O. Box 6327 Tallanassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation



## PARLANTI USA INC

(Name of Corporation as currently filed with the Florida Dept. of State)

	nt Number of Corporation (i	f known)
suant to the provisions of section 607 Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following an
If amending name, suter the new n	ame of the corporation:	$\it Th$
	nation "Corp," "Inc," or	n," "company," or "incorporated" or the abbre Co". A professional corporation name must cont
Enter new principal office address, incipal office mildress <u>MVIST BE A S</u>		N/A
Enter new mailing address, if appl (Mailing address MAYBE A POST		N/A
		ress in Florida, enter the name of the
	w registered office address	
new registered among audior the ne	w registered office address N/A	

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, 57 as an Add.

Example: X Change	PT	John Do	<u>be</u>		
X Remove	<u>V</u>	Mike Jones			
X Add	<u>SV</u>	Sally St	<u>mith</u>		
Type of Action (Check One)	Title		Name	Address	
1) Change	<u>V</u>		Fischer Rawson, Carine	12773 Forest Hill Blvd	
Add				Suite 1201	
Remove				Wellington, FL 33414	
2) Change					
Add					
Remove					
3) Change	- <del></del>				
Add					
Remove					
4) Change	· * - <del></del>				
Add					
Remove					
5) Change	· <del> ·</del>	<del>_</del>			
Add					
6) Change					
<b> </b>	<del></del>	_			
Add			•		
Remove					

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	

The date of each amendment(s	adoption: 10/29/2014	FILI SLORETARY	OF STATE DRPORATIONS	, if other than the
date this document was signed.		WAIDION D.		
Effective date if applicable: 1	0/29/2014	14 NOV 10	bk 3: ni	
Enective date in appreciance.	(no more than \$	00 days after umendme		
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The sufficient for approval.	e number of votes cast	for the amendment(s)	
	approved by the shareholders thr for each voting group entitled to			
	ast for the amendment(s) was/we		al	
by	(voting group)		.,,	
·,	(voling group)			
The amendment(s) was/were action was not required.	adopted by the board of directors	without shareholder a	ction and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators with	hout shareholder action	and shareholder	
Dated	11/1/14			
Signature	malac			
(By sere	a director, president or other officeted, by an incorporator – if in the ointed fiduciary by that fiduciary	e hands of a receiver, t		
	GIANLUC	printed name of person	ON	<del></del>
	(Typed or p	printed name of person	signing)	
	PR:	ESIDENT		<del></del>
	(T)	de of person signing)		