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## COVER LETTER

Division of Corpo			
NAME OF CORPOR	ATION: ORLEAN USA IN	IC.	
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	PAULO MIRANDA		
·	PSM CORPORATE SERVI	Name of Contact Person CES INC.	1
•	······································	Firm/ Company	
_	1001 BRICKELL BAY DRI	VE	
·	MIAMI, FL 33131	Address	
•		City/ State and Zip Cod	<b>:</b>
VALS	ERIA.ESPINOZA@PSMCOI	RPORATE.COM	
	• • • • • • • • • • • • • • • • • • • •	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
VALERIA ESPINOZA		at (305	456-3752
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State;
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☑S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ing Address ing Corporations Box 6327 hassec, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building secutive Center Circle



## Articles of Amendment to Articles of Incorporation of

ORLEAN USA INC.
(Name of Corporation as currently filed with the Florida Dent. of State)
P15000028289
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation." "company." or "Incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," ar "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 ROX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address:
Name of New Registered Agent
(Floridu street oddross)
Near Revistered Office Address: Florida
(City) (Zip Code)
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 Revisiered 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 afficer/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 us Remove, and Sally Smith, SV as an Add.

Example:

X Change	PT	John Doe			
X Remove	¥	Mike Jones			
_X Add	SY	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address		
1) Change	מ	SIMONE BOGOROTTY ORLEAN	1001 BRICKELL BAY DRIVE		
X Add			SUITE 2406		
Remove			MIAMI, FL 33131		
2) Change	D	MARCELO BOGOROTTY ORLEA	1001 BRICKELL BAY DRIVE		
<u>×</u> ^dd			SUITE 2406		
Kemove			MIAMI, FL 33131		
3 ) Change	D	GUSTAVO BOGOROTTY ORLEA	1001 BRICKELL BAY DRIVE		
X Add			SUITE 2406		
Remove			MIAM1, FL 33131		
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
δ) Change					
Add					
Remove					
- Kennye					

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an amendment	provides for an exchai	nge, reclassificatio	n, or cancellation	of issued shares.
rovisions for im	provides for an exchai plementing the amend ble, indicate N/A)	nge, <u>reclassificatio</u> Imens if not conta	n, or cancellation ned in the amend	of issued shares. ment itself:
rovisions for im	olementing the amend	nge, reclassificatio Iment if not conta	n, or cancellation ned in the amend	of issued shares, ment itself:
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rovisions for im	olementing the amend	nge, reclassification in the secondary i	n, or cancellation ned in the amend	of issued shares, ment itself:
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<u>rovisions for im</u>	olementing the amend	nge, reclassificatio	n, or cancellation ined in the amend	of issued shares, ment itself:

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
<u> </u>	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were:	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a uction was not required.	dopted by the bourd of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated	128/15	
Signature	Clary	
(By a select	director, president or other officer - if directors or officers have not been ted, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	JACOB DAVID ORLEAN	
	_	
	DIRECTOR	
	(Title of person signing)	<del></del>