## P150036065

(R	equestor's Name)	
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(C	ity/State/Zip/Phone	e #)
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## COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: PROMOTICK USA, INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: FULTON ABAHAM SANCHEZ, CPA Name of Contact Person FAS CPA CONSULTANTS PA Firm/ Company 9000 SW 137 AV SUITE 224 Address MIAMI FL 33186 City/ State and Zip Code FA@FASCPACONSULTANTS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **FULTON ABRAHAM SANCHEZ** 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: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

\$ 1.70 miles

## Articles of Amendment to Articles of Incorporation of

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PROMOTICK USA, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
P15000036065
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit Corporation</i> 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," or "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 <u>MAY BE A POST OFFICE BOX</u> )
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
(Florida street address)
New Registered 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.
i accept the appulation as registered agent. I am jamiliar with and accept the obligations of the position.
Signature of New Revisiered Avent, 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)

Example:

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 officeridirector 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	PT	John Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Tule	Name	<u>Addres</u> s
1) Change	VP	KELVIN BRAIN	1060 Brickell Avenue suite 3307
X Add			Miami, FL 33131
Remove			
2) Change	***		
Add			
Remove			
3) Change	W-10-11-11-11-11-11-11-11-11-11-11-11-11-		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
· Remove			
6) Change			
	-		
Add			
Remove			

If amer (Attach	ding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
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·	
16.	
provis	nendment provides for an exchange, reclassification, or cancellation of issued shares, ions for implementing the amendment if not contained in the amendment itself: not applicable, indicate NIA)

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(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.	
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	4,
appointed fiduciary by that fiduciary)	
BRUND GIUFFRA MONTEVERDE	
(Typed or printed purpe of person signing)	
(Title of poson signing)	<del></del>