Florida Department of State

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JUN 30 2015

Ana M. Sanz

Account Name : AVILA RODRIG Account Number : I20070000136

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COR AMND/RESTATE/CORRECT OR O/D RESIGN LENARD USA CORP.

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FAX AUDIT NO. H15000159834 3

Articles of Amendment Articles of Incorporation of

LENARD USA CORP.

| 15 | NUL | 29 | 1.5 | 9: 2 | 22 |
|--------------|------|------|------|------|-------------------|
| S.S. TALI | Alih | Sili | i.FL | | :) <u>;</u> ; |

(Name of Corporation as currently filed with the Florida Dept. of State) P15000048369

| (Documer | nt Number of Corporation (if know | 1) |
|---|--------------------------------------|---|
| Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation: | statutes, this Florida Profit Corpor | ation adopts the following amendment |
| A. If amending name, enter the new name of the corr | poration: | |
| | | The new |
| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the ab | "Inc," or "Co". A professional | incorporated" or the abbreviation corporation name must contain the |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u> | (ESS) | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered of | | the name of the |
| Name of New Registered Agent | | |
| | | |
| | (Florida street address) | |
| New Registered Office Address: | | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Regis | stered Agent: | |
| I hereby accept the appointment as registered agent. I | | ligations of the position. |
| | | |
| Signa | ture of New Registered Agent, if ch | anging |

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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 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 J</u> | ohn Doe | | |
|-------------------------------|---------------------|------------------------|------------------------|-------------|
| X Remove | Y M | Mike Jones | | |
| _X Add | <u>sv</u> <u>s</u> | Sally Smith | | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s | |
| 1) Change | ST | Sergi Roig | 2555 Le Jeune Road | |
| X Add | | | Suite 810 | |
| Remove | | | Coral Gables, FL 33134 | |
| 2) Change | General Director | Joan Josep Mestre Sune | 2555 Le Jeune Road | |
| X Add | | | Suite 810 | <u> </u> |
| Remove | | | Coral Gables, FL 33134 | *** |
| 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | 410.4 |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | <u> </u> |
| Remove | | | | |

| If amending or adding additional Arti (Attach additional sheets, if necessary). | (Be specific) |
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| If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
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| r A V | ATTIME | NO | H150001 | 50924 | 3 |
|-------|--------|------|------------|---------|----|
| r A X | AIHHI | NII. | HI TORRULE | 348 1/L | ٠, |

| The date of each amendment(s) ad date this document was signed. | option: | , if other than the |
|--|--|--------------------------------|
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this bl document's effective date on the Dep | ock does not meet the applicable statutory filing requirements, this partment of State's records. | date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were ado by the shareholders was/were suf | pted by the shareholders. The number of votes cast for the amendme fficient for approval. | nt(s) |
| | roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s): | ement |
| "The number of votes cast i | for the amendment(s) was/were sufficient for approval | |
| by | | |
| | (voting group) | |
| The amendment(s) was/were ado action was not required. | pted by the board of directors without shareholder action and shareholder | older |
| ☐ The amendment(s) was/were ado action was not required. | pted by the incorporators without shareholder action and shareholder | |
| June 24, 20 Dated | 15 | |
| 5,1104 | | |
| Signature | | |
| selected | rector, president or other ufficer — if directors or officers have not be I, by an incorporator — if in the hands of a receiver, trustee, or other of red fiduciary by that fiduciary) | en ourt |
| | Joan Salvans | |
| • | (Typed or printed name of person signing) | |
| • | President/Director | |
| | (Title of person signing) | |
| | | |
| | | |

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