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2818 MAY 21 PH 4: 45
SECRETARY OF STATE
SECRETARY OF STATE

C. GOLDEN

COVER LETTER

TO: Amendment Section
Division of Corporations

submitted for filing.						
matter to the following:						
Name of Contact Person						
NG ACCOUNTING AND TAX SERVICES						
Firm/ Company						
1900 SABAL PALM DR SUITE 101						
Address						
City/ State and Zip Cod	૯					
used for future annual report	notification)					
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ease call:						
305 at (
Area Co	de & Daytime Telephone Number					
e payable to the Florida Depa	urtment of State:					
□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)					
Street	Address					
	Amendment Section					
	Division of Corporations					
	Clifton Building 2661 Executive Center Circle					
	Name of Contact Person TAX SERVICES Firm/ Company SUITE 101 Address City/ State and Zip Codused for future annual report rease call: at (305 Area Codus Person Area Codus Person Area Codus Person Perso					

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2010 MAY 21 PH 4: 45

EL MANA LABORATORY USA INC SECRETARY OF STATE (Name of Corporation as currently filed with the Florida Dept. of STARL AHASSEE, FLORIDA P16000051753 (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: 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." 6714 NW 72ND AVE B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) MIAMI, FL 33166 C. Enter new mailing address, if applicable: 6714 NW 72ND AVE (Mailing address MAY BE A POST OFFICE BOX) MIAMI, FL 33166 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) ____, Florida_ New Registered Office Address: _ (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 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, SV as an Add.

Example: X Change	<u>PT</u>	John Da	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
I) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3)Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
E) Charan				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

ttach additional sheets, if necessary).	(Be specific)
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

· · · ·	03/22/18	
The date of each amendment(s) date this document was signed.		, if other than the
. 03	/22/18	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this department of State's records.	late will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment sufficient for approval.	(s)
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The following staten or each voting group entitled to vote separately on the amendment(s):	rent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
·	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and sharehold	der
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
05/16/18 Dated		
	Suido Guerar	
Signature	director, president or other officer – if directors or officers have not been	
(Dy i	ted, by an incorporator – if in the hands of a receiver, trustee, or other con	urt
	inted fiduciary by that fiduciary)	
•••	GUIDO GUEVARA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	