P16000089833

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SECRETARY OF STATE TO DIVISION OF CORPORATIONS

MAR 1 6 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NUM	MI USA COF				
DOCUMENT NUMBER: P160	000089833				
The enclosed Articles of Amendment	and fee are sub	omitted for filing.			
Please return all correspondence conce	rning this mat	ter to the followir	ng:		
JAVIER MARK	KOWICZ, ESC	Q.			
		Name of Conta	ct Person		
MARKOWICZ	MARKOWICZ INTERNATIONAL LAW				
		Firm/ Con	npany	····	
2999 NE 191 ST	Γ SUITE # 70:	2			
		Addre	SS		
AVENTURA, F	FLORIDA, 33	180			
		City/ State and	Zip Code		
JMARKOWICZ@MF	RKINTERNA'	TIONALLAW.C	ОМ		
E-mail add	ress: (to be use	ed for future annu	al report n	otification)	
For further information concerning this	matter, please	e call:			
DANIEL BASCOU		at (786	603-2898	
Name of Contact Person	n		Area Cod	e & Daytime Telephone Number	
Enclosed is a check for the following a	mount made p	ayable to the Flor	rida Depar	tment of State;	
\$35 Filing Fee	iling Fee & e of Status	□\$43.75 Filing Certified Cop (Additional co enclosed)	у	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Division Clifton I	nent Section of Corporations	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

NUMMI USA CORP

(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P16000089833	4	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	and the second s	
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the "P.A."	
B. Enter new principal office address, if applicable:	11655 SAMPLE ROAD	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	CORAL SPRINGS, FLORIDA	
	33065	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11655 SAMPLE ROAD	
	CORAL SPRINGS, FLORIDA	
	33065	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address Name of New Registered Agent	dress in Florida, enter the name of the	
(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 familia.		
Signatura of Man	Projetoved Agant 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 <math>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 Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			-
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
· Alla	
·	
· 	
20.00	,
f an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date applicable statutory filing requirements, this date applicable statutory filing requirements, this date applicable statutory filing requirements.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	s)
	oproved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
☐ The amendment(s) was/were acceptance acce	dopted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were accion was not required.	dopted by the incorporators without shareholder action and shareholder	
MARC Dated	H 10, 2017	
Signature	No service of the ser	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
	JAVIER MARKOWICZ, ESQ.	
	(Typed or printed name of person signing)	·····
	REGISTERED AGENT	
	(Title of person signing)	