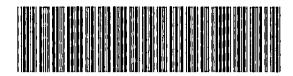
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J. M. Grand Call

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:SANITAS	USA II, Inc.	
DOCUMENT NUMB	ER: P16000096720		
The enclosed Articles of	of Amendment and fee are st	ibmitted for filing.	
Please return all corresp	oondence concerning this ma	atter to the following:	
	Humberto E. Ruiz		
	···	Name of Contact Person	1
. 1	Ruiz & Company		
		Firm/ Company	
:	2385 N.W. Executive Center	Drive, Suite 100	
_		Address	
1	Boca Raton, FL 33431		
_		City/ State and Zip Cod	<u> </u>
humbe	rto@ruizandcompany.com		
	E-mail address: (to be u	sed for future annual report	notification)
		,	
For further information	concerning this matter, pleas	se call:	
Humberto E. Ruiz		561 at (443-7191
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SANITAS USA II, Inc.

					
(Name of Corpora	tion as currently filed with t	<u>he Florida Dept. of Stat</u>	<u>e)</u>		
	P16000096720				
. (Docu	iment Number of Corporation	(if known)			
Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation:	da Statutes, this <i>Florida Profi</i>	t Corporation adopts the	following	amend	ment(s) t
A. If amending name, enter the new name of the o	corporation:				
				The n	erte:
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Cor word "chartered," "professional association," or th	p," "Inc," or "Co". A prof	v," or "incorporated" (essional corporation nar	or the ab	brevian	ion
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)		·			_
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OF FICE Bo</u>	OXi			201	-
D. <u>If amending the registered agent and/or regist</u> e		a, enter the name of the	CALIASTY &	8 JJL 30 P	— — — —
new registered agent and/or the new registered	<u>l office address:</u>			골 ∵	
Name of New Registered Agent			<u> </u>		
			2.		
	(Florida street address)				
<u>New Registered Office Address:</u>	(Florida street address) (City)	, Florida			_

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 Doe	
X Remove	<u>V</u>	Mike Jones	
_ <u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	C.F.O.	Maria R. Felella	1819 SE 17th Sucet
$\frac{X}{X}$ Add			Unit CU-1
Remove			Ft. Lauderdale, FL 33316
2) Change			
Add			
Remove			
3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artical (Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	agained to not contained in the amendation fixer.
	

The date of each amendment(s)) adoption:, i	if other than the
date this document was signed.	uly 25, 2018	
Effective date <u>if applicable</u> :		
-	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not Department of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
The amendment(s) was/were a must be separately provided.	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by		
-	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
July 25, Dated	2018	
Signature	Em)	
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	Alberto Ospina	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	