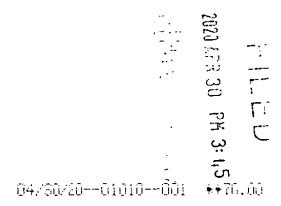
P160000 96720

Office Use Only



500343901255



EFFECTIVE DATE

April 30,000

Amound

MAY 1 4 TOTO I ALBRITTON

COVER LETTER

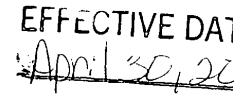
TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION: SANITAS USA II.	. INC.	
DOCUMENT NU	MBER: P16000096720		
	des of Amendment and fee are su	bmitted for filing.	
Please return all co	orrespondence concerning this ma	itter to the following:	
	CECILIA LORENZO		
		Name of Contact Persor	1
	SANITAS		
		Firm/ Company	
	8400 NW 33RD ST #201		
		Address	
	DORAL, FL 33122		
		City/ State and Zip Cod	C
	CECILIA.LORENZO@MYS	SANITAS.COM	
	~	sed for future annual report	notification)
		·	
For further informa	ation concerning this matter, pleas	se call:	
CECILIA LOREN	ZO	at (678- 2541
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a chec	k for the following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
, 	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Fallahussec, F1, 32314	Ameno Divisio The C 2415 t	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

-

DocuSign Envelope ID: 90104EC2-356F-4598-BBE0-58D673CE624C

Articles of Amendment to Articles of Incorporation of



SANITAS USA II. INC	
(Name of Corporation as c	urrently filed with the Florida Dept. of State)
P16000096720	
(Document Nu	imber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutits Articles of Incorporation:	es. this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporat	tion:
N/A	The new
name must be distinguishable and contain the word "corporat "Inc.," or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	2020 (25) 30 PM
D. If amending the registered agent and/or registered offi new registered agent and/or the new registered office a	
Name of New Registered Agent N/A	
Name ig iven negatives ingen	
· · · · · · · · · · · · · · · · · · ·	orida strect address)
New Registered Office Address:	
	•
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
Signature o	f New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 = Cl. Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office he 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 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 Chan Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	PT	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	С	IGNACIO ARABEITY	8400 NW 33RD #201
X Add			DORAL, FL 33122
Remove			
2) Change			
Add			
Remove 3) Remove			
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change		····	_
Add			
Remove			
6) Change		_	
Add			
Remove			

DocuSign Envelope ID: 90104EC2-356F-459B-BBE0-58D673CE624C E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) In this amendment we are only adding Ignacio Arabeity F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares. provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) N/A

The date of each amendment(s) adoption:	if other than t
date this document was signed.	
4/30/2020	
Effective date <u>if applicable</u> :	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 (voting group) Dated 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 appointed fiduciary by that fiduciary) (Typed or printed name of person signing)

egal, Risk and Compliance Counsel (Title of person signing)