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PICK-UP	☐ WAIT	MAIL
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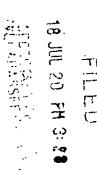
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: COLOREXA USA	A CORPORATION	
DOCUMENT NUM	P17000007920		
The enclosed Articles	s of Amendment and fee are su	abmitted for filing.	
Please return all corre	espondence concerning this ma	itter to the following:	
	ANDREA ALVARO MAYE	R	
		Name of Contact Perso	n
	COLOREXA USA CORPORATION		
		Firm/ Company	
	810 SE 8th AVENUE, SUI	•	
		Address	··
	DEERFIELD BEACH, FL	33441	
		City/ State and Zip Cod	e
INFO	D@EXANDAL.COM		,
	•	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
ANDREA ALVARO MAYER		561	504-7080
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## **COLOREXA USA CORPORATION**

<u>-</u>	s currently filed with the Fl	orida Dept. of State)		
P17000007920		_		
(Document	Number of Corporation (if kr	nown)		
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Cor	poration adopts the follo	wing amendm	ent(s) te
A. If amending name, enter the new name of the corpor	ration:			
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," "I word "chartered," "professional association," or the abbr	lne," or "Co". A profession			n
B. Enter new principal office address, if applicable:			<del></del>	
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u> )			
	<del></del>			Ť
			<u> </u>	
C. Enter new mailing address, if applicable:			3	[] [1]
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	<del></del> .	_ <del></del>	<u> </u>	س.
			***	
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office		ter the name of the		
Name of New Registered Agent				
	(Florida strvet address)			
New Registered Office Address:		. Florida		
The Manager of Manager	(City)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Zip Code)	
New Registered Agent's Signature, if changing Register	red Agent:			
I hereby accept the appointment as registered agent. I am		obligations of the position	on.	
Cimunton	o of New Registered Agent if			

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	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	ANDREA ALVARO MAYER	8475 VIA D'ORO
Add			BOCA RATON, FL 33433
Remove			
2) Change			
Add			
Remove			
3 ) Change		_	
Add			
Remove			
4) Change			<del></del>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attac	nending or adding additional Articles, enter change(s) here:  the additional sheets, if necessary). (Be specific)
<u> </u>	
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	······································
. If an	amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	visions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)

The date of each amendment(s	07/13/2018 ) adoption:	, if other than the
date this document was signed.		
0 - Effective date <u>if applicable</u> :	7/13/2018	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this of Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	u(s)
	approved by the shareholders through voting groups. The following stater for each voting group entitled to vote separately on the amendment(s):	nent
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
07/13/2	018	
Dated	andrea alvaro	
Signature		
sele	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 cobinted fiduciary by that fiduciary)	
	ANDREA ALVARO MAYER	
	(Typed or printed name of person signing)	<del> </del>
	PRESIDENT	
	(Title of person signing)	<del>.</del>