Florida Department of State Division of Corporations Electronic Eiling Cover Sheet

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To:

Division of Corporations

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From:

Account Name : JELEN ACCOUNTING SERVICES, INC

Account Number : I20120000052 Phone : (305)591-9180

Fax Number : (305)591-9167

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COR AMND/RESTATE/CORRECT OR O/D RESIGN

ANDASA EXPORTS CORPORATION

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I ALBRITTON

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November 15, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ANDASA EXPORTS CORPORATION 8520 NW 66 STREET MIAMI, FL 33166

SUBJECT: ANDASA EXPORTS CORPORATION

REF: P17000030002

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

No period after (Corporation) in the corporate name.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H17000300839 Letter Number: 817A00023118

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P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment to Articles of Incorporation of

ANDASA EXPORT CORPORATION

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(Name of Corporation as curren	tly filed with the FlorIda Dept. of State)
P17000030002	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 507.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Brain Solutions CR, Corporation.	The new
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
• •	2506 SW 183 AVENUE
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	MIRAMAR FL, 33029.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address Name of New Registered Agent	Idress 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 Age I hereby accept the appointment as registered agent. I am familia	ent; ar with and accept the obligations of the position.
Signature of New	w 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.

X Change	PT John	<u>Doe</u>	
X Remove	<u>v</u> <u>Mik</u>	: Yones	
X Add	<u>SV</u> <u>Sally</u>	<u> Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1)Change	D	PRISCILLA TANCO JIMENEZ	2506 SW 183 AVENUE
x Add			MIRAMAR FL, 33029.
Remove		·	
2) Change	OPT	PACHECO WEBB, RODOIFE	***
Add			infame D1, 33166.
X Remove	DPT	PACHECO, FONSECA, A	NORES 2506 SW
Add	` _	<u>, , , , , , , , , , , , , , , , , , , </u>	183 AVENUE
Remove			MIRAMAR F1, 33029
4) Change			
Add			
Remove			
5)Change			<u></u>
Add			
Remove		,	
6) Change			
Add			
Remove			

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)		cles, enter change(s) her (Be specific)			
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The date of each amendment(s) add	ption:	if other than the
date this document was signed.		<u> </u>
Effective date if applicable:		
	(no more than 90 days after amendment file date,)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not nicet the applicable statutory filing requirement artment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the ame acient for approval.	endment(s)
	oved by the shareholders through voting groups. The followin ach voting group entitled to vote separately on the amendmen	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
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☐ The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and share	hol d er
November 1	Oth, 2017.	
selected.	ector, president or other officer – if directors or officers have by he incorporator – if in the hands of a receiver, trustee, or of d fiduciary by that fiduciary)	not been other court
	NDRES PACHECO FONSECA	
	(Typed or printed name of person signing)	
I	OVPS	
	(Title of person signing)	