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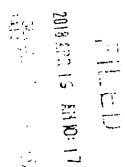
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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: A	GROPETS	SUPPLY	USA, INC.
name of corporation: <u>A</u> document number: P-	170000804	469	
The enclosed Articles of Amendment	and fee are submitted for	r filing.	
Please return all correspondence conce	erning this matter to the f	following:	
<u> </u>	Diego Me Name o	TICE of Contact Person	ly usa, Inc.
	Agropet	·s ちぃゃゃ m/Company	ly USA, Inc.
120	39 s.w. 1	32nd CT	
	Miami, F	Address Towda ate and Zip Code	33186
E-mail add	ress: (to be used for futu	re annual report not	ification)
DIEGO A ME	JA	at (786)	3165402
Name of Contact Perso	n		& Daytime Telephone Number
Enclosed is a check for the following a	mount made payable to	the Florida Departm	ent of State:
	te of Status Certifi	ied Copy ional copy is	3\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corpora P.O. Box 6327		Street Ade Amendmen Division o Clifton Bu	nt Section f Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

AGROPETS SUPPLY USA, INC.

	<u> </u>		·
(Name of	Corporation as currently	filed with the Florida Dep	t. of State)
P- 171	000080469	Ì	
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this I	Sloridu Profit Corporation ad	dopts the following amendment(s) to
A. If amending name, enter the new nar	ne of the corporation:		
	NIA		T1
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp." "Inc." or "C	o". A professional corpor	
B. Enter new principal office address, if	fannlicable:	NIA	
(Principal office address MUST BE A ST		NIA	
		NIM	
		14/14	
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		NIA	المراجعة الم
100 miles 100 mi	, reu Bori		
		 -	
D. If amending the registered agent and		ess in Florida, enter the nan	ne of the
new registered agent and/or the new	registered office address:		نسب ثث
Name of New Registered Agent	NIA		···
	NIA		
_	(Florida stre	et address)	
New Registered Office Address:	NIA		. Florida
New Acquierea Office Mariesa.	· · · · · · · · · · · · · · · · · · ·	City)	(Zip Code)
	ľ	ωiņ	(zip Coae)
New Registered Agent's Signature, if cha			
I hereby accept the appointment as register	red agent Lam familiar w	ith and accept the obligation	s of the position,
	•		
	NA		
	Signature of New Re	gistered 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.

Example: X Change	<u> 7'4</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) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

The purpose of which this corporation is
The purpose of which this corporation is Organized is: Wholesale and Retail of assorted products or goods
of assorted products or goods
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)
(y mor applicante, malcare 1971) NA

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) and date this document was signed.	option:, if other than t
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as to partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	oted by the incorporators without shareholder action and shareholder
Dated 0.3	(20/2018
Signature	lejandio Ruit VI
(By a d	rector, president or other officer - if directors or officers have not been
	, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	AFTANDRU RUIZ VELEZ
	(Typed or printed name of person signing)
	President.
	(Title of person signing)