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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: MYMMENSA USA, INC. DOCUMENT NUMBER: P17000100413 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **BENJAMIN KOVACS** Name of Contact Person Firm/ Company 1720 JEFFERSON STREET, APT.604 Address HOLLYWOOD, FLORIDA, 33020 City/ State and Zip Code BNIKOVACS@GMAIL.COM E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: at (754) 2135377

Area Code & Daytime Telephone Number BENJAMIN KOVACS Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

	MYMMENSA	USA, INC.	
(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. o	f State)
	P17000100	9413	
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adop	ots the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
NYMMENSA USA, INC.			v The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corporation	ted" or the abbreviation
B. Enter new principal office address,	if applicable:	NON APPLICABLE	
(Principal office address MUST BE A S			
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>		NON APPLICABLE	17 DEC 29 PM 5
D. If amending the registered agent ar new registered agent and/or the ne			of the
Name of New Registered Agent	NON APPLICABLE		
			
	(Florida si	reet address)	
New Registered Office Address:	NON APPLICABLE	1,	Louisia
New Registered Office Address:	· · · · · ·	(City)	lorida(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.			f the position.
	Signature of New	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 <math>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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		NON APPLICABLE	NON APPLICABLE
Add			
Remove			
2)Change		NON APPLICABLE	NON APPLICABLE
Add			
Remove			
3) Change			.
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ng or adding additional Articles, enter change(s) here: litional sheets, if necessary). (Be specific)
NON APPLI	CABLE
<u> </u>	
···	
C 16	adament annuides for an analysis and assistantian an annualistic of issued shows
r. <u>11 an ame</u> provisio:	ndment provides for an exchange, reclassification, or cancellation of issued shares, as for implementing the amendment if not contained in the amendment itself:
	ot applicable, indicate N/A)
NON APPLI	CABLE

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	s, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the ame by the shareholders was/were sufficient for approval.	ndment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
 □ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder was not required. □ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder. 	
action was not required.	
12/25/2017 Dated	
Signature Nigh Whitele	
(By a director, president or other officer – if directors or officers have r selected, by an incorporator – if in the hands of a receiver, trustee, or o appointed fiduciary by that fiduciary)	not been ther court
ISTVAN ROLAND NYIKES	
(Typed or printed name of person signing)	.
INCORPORATOR, PRESIDENT, TREASUR	Y
(Title of person signing)	