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COVER LETTER

TO: Amendment Section
Division of Corporations

SAME OF CORPORATION: GROUP NORDICO AS US CORP P18000004024 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: THOMAS A POSTON Name of Contact Person THOMAS A POSTON CPA Firm/ Company 12535 NEW BRITTANY BLVD. STE. 2818 Address FORT MYERS, FL. 33907 City/ State and Zip Code tomcpa1122@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: THOMAS A POSTON Name of Contact Person THOMAS A POSTON Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:
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\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$52.50 Filing Fee \\ Certificate of Status
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CD	OΙ	IP	NO	SDICO	ΛCI	15	$C \cap R P$

(Name)	*C	Abr 61 ad anish sha Florida Dana as 6	****
	OF Corporation as curren	tly filed with the Florida Dept. of S	itate)
P18000004024			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new na NOT APPLICABLE	nme of the corporation:		TI.
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corporation	
B. Enter new principal office address,	if applicable:	NOT APPLICABLE	
(Principal office address MUST BE A STREET ADDRESS)			: ::::::::::::::::::::::::::::::::::::
			<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NOT APPLICABLE	-5 PB
			200 m
D. If amending the registered agent an new registered agent and/or the new			<u>the</u>
Name of New Registered Agent	NOT APPLICABLE		
NOT APPLICABLE			
	(Florida s	etreet address)	
New Registered Office Address:		. Flor	·ida
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			he 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 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	<u>PT</u>	John Do	<u>:</u>	
X Remove	<u>v</u>	Mike Jor	nes	
X Add	<u>sv</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	P		FRANCIS HAY	6985 SCARBORO DRIVE
Add				FORT MYERS FL 33919
X Remove				
2) Change	P	_	GRUPO NORDICO AS	9 BYNESVEIEN
X Add				TRONDHEIM 5001-7318
Remove				COUNTRY: NORWAY
3) Change		<u> </u>		
Add				<u></u>
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change		_		
A d d				
Remove				

	nal sheets, if nec	essary). (Be s	iter change(s) hei pecific)	<u></u> -		
-				<u>.</u>		
						
						
						
						
				·		
f an amendm	ent provides fo	r an exchange, i	reclassification, o	r cancellation of i	ssued shares,	
provisions fo	r implementing	the amendmen	t if not contained	in the amendmer	it itself:	
(ij noi ap	plicable, indicat	e N/A)				
	<u> </u>			. <u> </u>		
						-
				•	<u> </u>	

The date of each amendment(s) as	doption:	_, if other than th
date this document was signed.	21/16	
. 02/0 Effective date <u>if applicable</u> :	01/18	
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this I document's effective date on the Do	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
	proved by the shareholders through voting groups. The following statement cach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ad- action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were addaction was not required.	opted by the incorporators without shareholder action and shareholder	
02/01/18 Dated	N.	
	lances Hay FOR GRUPO NORDICO A	5
selecte	lirector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	FRANCIS HAY FOR GRUPO NORDICO AS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	