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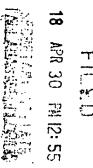
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SAFIS EVO,	INC.
DOCUMENT NUMBER: P18000005419	
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning the	is matter to the following:
BENJAMIN KOVACS	
Name	of Contact Person
GENEZIS USA, LLC.	
Fi	rm/ Company
1720 JEFFERSON STREET,	#604
	Address
HOLLYWOOD, FLORIDA, 33	020
City/ S	State and Zip Code
BNIKOVACS@GMAIL.COM	
	ed for future annual report notification)
For further information concerning this matter,	please call:
BENJAMIN KOVACS	at (754) 213-5377
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	\$43.75 Filing Fee & S52.50 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

 SATIS EUO, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
P18000005418
(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

The new name must be distinguishable and "incorporated" or the abbreviation "Corp.," "In "Co". A professional corporation name massociation," or the abbreviation "P.A."	c.," or Co.," or th	e designation "Co	orp," "Inc," or
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A			
17 morphi office dudicus <u>most bu mortusuux m</u>			
	**************************************	**************************************	APR 80
C. Enter new mailing address, if applicable:			O FR
(Mailing address <u>MAY BE A POST OFFICE</u>)	<u>BOX</u>)	, , , , , , , , , , , , , , , , , , , 	
			- S
			
D. If amending the registered agent and/or registered agent and/or the new registered		in Florida, enter	the name of the
new registered agent and/or the new registers	ed office address:		
Name of New Registered Agent:			
New Registered Office Address:	(Florida street	address)	
			Florida
	(City)		(Zip Code)

the position.

Signature of New Registered Agent, if changing

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	Name	Address
1) <u>D</u>	SAFIS EVO, ZRT.	#57 SARASOTA, FL 34236
2) <u>D</u>	SATIS BEFELTETO TARS	457
3) <u>PD</u>	TAMAS GUTTMANN	677 U. WASHIVETON BUD #57 SXRASOTA, FL 342567
4 <u>)</u>	ILDIKO KETTLER	677 W. WASHINGTON BLUD #57 SARASOTA, FL 34236
5) <u>D</u>	ILDIKO LAZAR	677 W. WASHINGTON BLUD #57 SARASOTA, FL 34236
6 <u>D</u>	FERENC GODE	#57 56RASOTA, 71 54236
If REMOVING a removed:	n officer and/or director, please li	st the title(s) and name of the officer/director to be
Title(s)	Name	Title(s) Name
1)		4)
2)		5)
3)		6)

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director. (Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them

on an additional sheet.)

Title(s)	<u>Name</u>		Address
1) <u>D</u>	GABOR SORETI	<u> </u>	*677 N. WASHINGTON BLUD #57 SARASOTA, FL 34256
2) D	JUNKERTNE DRZSUZSANNA MO	الم عس <u>د</u> عساده عساد	5 677 N. WASHINGTON BLUD #57 SARLSOTA, FL 34236
3 <u>)</u>	JANOS BOTAR		677 N. WASHNGTON BLUD #57 SARASOTA, FL 34236
4)	ZSOLT BALOGH		677 N.WASHINGTON BLUD #57 SARASOTA 171 34156
5) ①	ZSUZSANNA REISZKI BALIN	- 347U	677 W. WASHINGTON BLUD #57 SARASOTA, FL 34256
6)			
If REMO		se list the title	e(s) and name of the officer/director to be
Title(s)	Name	Title(s)	<u>Name</u>
1)		4)	-
2)		5)	
3)		6)	

	(attach additional sheets, if necessary). (Be specific)				
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	<u> </u>		<u> </u>		
					
	<u> </u>	,	·····		
		<u> </u>			
					
	,				
prov	isions for implem if not applicable, in	enting the am	endment if not	contained in the	ellation of issued share amendment itself:
					
		,			

The date of each amendment(s)	adoption:
Effective date if applicable:	(date of adoption - required)
Effective date <u>if applicable</u> .	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	coting group)
(v	poting group)
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	Gutherous -
Signature	Cutterous
(By a	director, president or other officer – if directors or officers have not been
selecte	ed, by an incorporator – if in the hands of a receiver, trustee, or other court
аррон	nted fiduciary by that fiduciary)
	TAMAS GUTTMANN
•	(Typed or printed name of person signing)
	PRESIDENT
•	(Title of person signing)