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TO: Amendment Section

Division of Corporations NAME OF CORPORATION: MARKET CITY USA, INC DOCUMENT NUMBER: P18000043466 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NATALIA SIYANOVA Name of Contact Person POSITIVE TAX ACCOUNTING Firm/ Company 118 WHISPERING PINE DRIVE Address PALM COAST, FLORIDA 32164 City/State and Zip Code NSIYANOVA@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LIM MOLYDA Area Code & Daytime Telephone Number 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 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MARKET CITY USA INC

MARKET CHT OSA, INC			
(Name	of Corporation as	s currently filed with the Florida Dept. of State)	
	PIBOU	000 43 466	
		Number of Corporation (if known)	<u> </u>
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statu	tutes, this <i>Florida Profit Corporation</i> adopts the following	ng amendment(s) to
A. If amending name, enter the new na	ame of the corpora	r <u>ation:</u>	
	iation "Corp," "In	corporation," "company," or "incorporated" or the oline," or "Co". A professional corporation name must reviation "P.A."	
B. Enter new principal office address,			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS	<u>SS</u>)	
		· · · · · · · · · · · · · · · · · · ·	2019
C. Enter new mailing address, if apple			
			2:
	*** *	office address in Florida, enter the name of the	03
new registered agent and/or the new		i e e e e e e e e e e e e e e e e e e e	
Name of New Registered Agent	NATALIA SIYA	MOVA	_
	118 WHISPERIN	NĠ PINE DRIVE	
	(F	(Florida street address)	_
New Registered Office Address:	PALM COAST	32164, Florida	
		(City) (Zip	Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ed Agent: familiar with and accept the obligations of the position.	
		to	
	Signature	of New Registered Agent, if changing	

If amending or adding additional Articles, enter cha	uge(s) nere.
(Attach additional sheets, if necessary). (Be specific)	
** · · · · · · · · · · · · · · · · · ·	
	<u> </u>
	
	<u> </u>
16 on omonderent annotation for an each con-	
If an amendment provides for an exchange, reclassif provisions for implementing the amendment if not of	entained in the amendment itself:
(if not applicable, indicate N/A)	ontained in the amendment usen.
(i) in approxime, material in in	
	b.
	<u> </u>
<u> </u>	

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

Mike Jones, v as kemove Example:	e, ana sai	uy smun, sv	v as an Aaa,			
X Change	PT	John Doe				
X Remove	<u>V</u>	Mike Jone	<u>es</u>			
X Add	<u>sv</u>	Sally Smi	<u>th</u>			
Type of Action (Check One)	Title	1	<u>Name</u>			Address
1) Change	PT	i — —	LIM KHEMRA			15 SERVICE TREE PLACE.
Add						PALM COAST, FL 32164
X Remove						
2) X Change	PT		LIM MOLYDA			15 SERVICE TREE PLACE
Add						PALM COAST , FL 32164
Remove						
3) Change					. .	
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add				1		
Remove						
6) Change						
Add						
Remove						

•	05/10/2019	
The date of each amendment(s) ad	option:	, if other than the
date this document was signed.	•	
_	0/2019	
Effective date if applicable:	H2017	
Elicetic date il applicable.	(no more	than 90 days after amendment file date)
	(no more	and to units after amenament fite dates
Note: If the date inserted in this b document's effective date on the De		applicable statutory filing requirements, this date will not be listed as the ords.
Adoption of Amendment(s)	(CHECK ONE	
The amendment(s) was/were ado by the shareholders was/were su		rs. The number of votes cast for the amendment(s)
		 ers through voting groups. The following statement tled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) w	vas/were sufficient for approval
L		"
by	(voting group)	-
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of dir	rectors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporato	ors without shareholder action and shareholder
05/10/2	110	
Dated	,1,	
	1,1	
Signature Wo		er officer – if directors or officers have not been
		if in the hands of a receiver, trustee, or other court
appoint	ed fiduciary by that fide	uciary)
	LIM MOLYDA	
,	(Typed or p	rinted name of person signing)
	1/0	
	Vľ	
	·	(Title of person signing)
		(The or person signing)
	VP	rinted name of person signing) (Title of person signing)