## P18000099961

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT .	MAIL
(Bu	siness Entity Nar	ne)
(D0	cument Number)	
Certified Copies	_ Certificates	s of Status
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Special Instructions to	riling Officer:	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Matter of Coppos	THR3D LAB CO	RP	
NAME OF CORPOR	ATION: P18000095961		
DOCUMENT NUMB			
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.	
Please return all corresp	condence concerning this ma	itter to the following:	
	JUAN VERA		
<del>-</del>	VERSA AMERICA CORP	Name of Contact Persor	1
-	5651 DAVIE RD. SUITE C	Firm/ Company	
-	DAVIE, FL33314	Address	
_		City/ State and Zip Code	2
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
JUAN VERA		954 at (	,888 2040
Name of Contact Person		Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. E	ng Address Idment Section ion of Corporations 30x 6327 nassee, FL 32314	Amend Divisio Clifton	Address Internation on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

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THISD LAB CORE.	2019 NOV 18 PH 1: 20
(Name of Corporation P180000095961	on as currently filed with the Florida Dept. of State)
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Floridatis Articles of Incorporation:	a Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
	The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	d "corporation," "company," or "incorporated" or the abbreviation ," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADL	
	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>
D. If amending the registered agent and/or register new registered agent and/or the new registered	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (7ip Code)
	*
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	tistered Agent: I am familiar with and accept the obligations of the position.
Sign	ature 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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)  1) Change Add Remove	Title D	Name  MANUEL G. SOLORZANO	Address 1555 BONAVENTURE BLVD SUITE 1020 WESTON, FL 33326
2) Change Add Remove			
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove	<u></u>		
6) Change Add			

f amending or adding additional Ar Attach additional sheets, if necessary).	. (Be specific)			
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an amendment provides for an exc	hange, reclassification, o	r cancellation of issu	ed shares.	
provisions for implementing the amo	endment if not contained	in the amendment it	self:	
(if not applicable, indicate N/A)				
		<u> </u>		
		· <del></del>		
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The date of each amendment(s	s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		···
	(no more than 90) days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date bepartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amendment(s) e 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):	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
• ======	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
11-12-	2019	
Dated		
Signature	Juan Va.	
(By sch	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)  JUAN VERA	
	(Typed or printed name of person signing)	
	VPD	
	(Title of person signing)	