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COVER LETTER

Division of Corpor	_					
NAME OF CORPORA	ATION: RESILIENCE USA	CORP				
DOCUMENT NUMBI	PICOMORMASS					
The enclosed Articles of	f Amendment and fee are sui	braitted for filing.				
Please return all corresp	condence concerning this mat	tter to the following:				
(GILVAM F DOS SANTOS					
-		Name of Contact Person	1			
	OFS TAX & ACCOUNTING	SERVICES				
•		Firm/ Company				
2	2001 W CYPRESS CREEK I	RD STE 102 B				
_	Address					
I	FT LAUDERDALE FL 3330	9				
-		City/ State and Zip Code				
INFO	EGFSTAXACCT.COM					
===		ed for future annual report	notification)			
	•	•				
For further information	concerning this matter, please	se call:				
GILVAM F DOS SANTOS		at (⁹⁵⁴	9573244			
Name of	f Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Dep	artiment of State:			
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Ame Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Division The C 2415 1	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 essee, FL 32303			

H190003508263

Articles of Amendment to Articles of Incorporation of

RESILIENCE USA CORP				
(Name o	f Corporation as current	tly filed with the Florida Dept. of State)		
19000000855			 -	
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this	s <i>Florida Profit Corporation</i> adopts the fol	lowing amendment	t(s) to
A. If amending name, enter the new no	me of the corneration;			
			The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp, " "Inc, " or "Co".	"company," or "incorporated" or the abbr A professional corporation name must	eviation "Corp.," contain the word	
B. Enter new principal office address, if applicables 6055 NW 105TH CT APT		60SS NW 10STH CT APT 524		
Principal office address MUST RE A S	TREET ADDRESS)	DORAL FL 33178	; ;	32
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE ROX)		6055 NW 105TH CT APT 524	·	<u>-</u> ب
		DORAL FL 33178	· <u>.</u>	H
				- -
				2
D. If amending the registered agent at new registered agent and/or the new	registered office addre			
Name of New Registered Agent	GFS TAX & ACCOUNT	TING SERVICES		
	2001 W CYPRESS CREEK RD STE 102 B			
	(Florida :	rireci address)		
	FT LAUDERDALE, Florida		309	
New Registered Office Address:			(Zip Code)	

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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:

(Anach 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.Chango	M	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
i) X Change	P	Cabrel, Adriano V	6055 NW 105TH CT APT 524
Add			DORAL FL 33178
Remove			
2) X Change	VP	Vasconcelos Powell, Ana C	60055 NW 105TH CT APT 524
Add			DORAL FL 33178
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove		·	
6) Change			
Add			
Remove			
		Page 2 of 4	
E. If amending or adding additional Articles, enter chapge(s) here: (Anach additional sheets, if necessary). (Be specific)			
N/A			

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provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A)	
/A	
Page 3 of 4	
he date of each amendment(s) adoption:	, if other than
	, if other than

document's effective date on its	CHEKONO			
O The amendment of the state of	escenced by the specimens does. The m	unbox of votes cost for I	so corporational(a)	
	encouved by the sharebolders throug	h voting angula Therfo	llawing statement	
must be separately provided	for each working promp entitled to	sparetely on the one		
by	as to the unandment(s) was were s	ufficient for approval		
	(voting group)			
action was not required.	adopted by the board of directors wh	hour shareholder action	and shareholder	
The amendment(s) was/were a action was not required.	idopted by the incorporatess without	shareholder action and	stincho kter	
Dated DECEM	RER 12, 2019	_		
Signature A	driana V. Cabral.			
selec	director, president or other officer- ted, by an incorporator – if in the ha inted fiduciary by that fiduciary)	if directors or officers ands of a receiver, truste	have not been e, or other court	·
-11	CABRAL, ADRIANO V		•	
	(Typed or printed name	ne of person signing)		
	PRESIDENT			
	(Tiels of series sinches)			

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