P1900000 8694

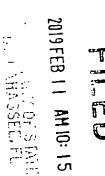
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





300324261883

92/11/19--01030--019 *+35.00



C GOLDEN FEB 1 6 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: EMODIAL USA I	NC		
DOCUMENT NUM	P10000008604			
The enclosed Articles	of Amendment and fee are su	abmitted for filing.		
Please return all corre	spondence concerning this ma	itter to the following:		
	David Winters			
		Name of Contact Perso	n	
	The Back Office LLC			
		Firm/ Company		
	5500 Tamberlane Circle, Sui	, -		
		Address		
	Palm Beach Gardens, FL 33			
		City/ State and Zip Cod	e	
dayat	@thebackofficelle.com			
dave	=	sed for future annual report		
	E-man address. (to be di	sed for future annual report	normeation)	
For further informatio	n concerning this matter, pleas	se call:		
David Winters		at (<u>800</u>	577-8221	
Name	of Contact Person	at (800) 577-8221 Area Code & Daytime Telephone Numb		
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment 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)	
Mailing Address			Address	
	endment Section		ment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

EMODIAL USA INC.	2019 FEB-11 AM 10: 1-5
(Name of Corporation	as currently filed with the Florida Dept. of State)
P19000008694	or the state of th
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered	office address in Florida, enter the name of the
new registered agent and/or the new registered off	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I a	ered Agent: on familiar with and accept the obligations of the position.
Signatu	rre 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 Doc	2	
X Remove	<u>v</u>	Mike Jon	nes	
X Add	<u>sv</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	CFO		DEE WINTERS	5500 TAMBERLANE CIRCLE
x Add				SUITE 106
Remove				Palm Beach Gardens, FL 33418
2) Change		- .	 	
Add				
Remove				
3) Change		_ .		
Add				
Remove				
4) Change		-		
Add				
Remove				
5) Change		<u> </u>		
Add				
Remove				
6) Change		 .		
Add				
Remove				

	or adding additional Art onal sheets, if necessary).	(Be specific)			
 		 			
				<u> </u>	
					
				· · · · · · · · · · · · · · · · · ·	
					
					· · · · · · · · · · · · · · · · · · ·
		··			
 					·
_					
an amendm provisions fo	ent provides for an excl r implementing the ame	nange, reclassific	cation, or cancell ontained in the ai	ation of issued sh: nendment itself:	ares,
	plicable, indicate N/A)	<u> </u>			
				· · · · · · · · · · · · · · · · · · ·	
			 		
			 .		

	02/05/2019	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
	29/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fite date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment ufficient for approval.	nt(s)
	proved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	ment
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
-	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	lder
•		
02/05/201 Dated	9	
Signature	F.Su.	
(By a c	lirector, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	FRANCESCO SALVIOLI	
	(Typed or printed name of person signing)	
	Managing Director	
	(Title of person signing)	