## P19000013814

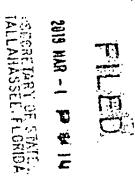
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| PICK-UP                 | ☐ WAIT            | MAIL        |
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| (Bu                     | siness Entity Nam | ne)         |
| •                       | ·                 |             |
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| Certified Copies        | _ Certificates    | of Status   |
|                         |                   |             |
| Special Instructions to | Filing Officer:   |             |
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T. LEMIEUX

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPOR           | DDD USA CORP<br>ATION:                                                       | ORATION INC                                                        |                                                                                        |  |  |
|--------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|--|
| DOCUMENT NUMB            | P19000013814<br>ER:                                                          |                                                                    | <del></del>                                                                            |  |  |
| The enclosed Articles of | of Amendment and fee are su                                                  | bmitted for filing.                                                |                                                                                        |  |  |
| Please return all corres | oondence concerning this ma                                                  | tter to the following:                                             |                                                                                        |  |  |
|                          | DANIELA DIAZ                                                                 |                                                                    |                                                                                        |  |  |
| -                        |                                                                              | Name of Contact Person                                             | 1                                                                                      |  |  |
| -                        | 5944 CORAL RIDGE DR #                                                        | Firm/ Company                                                      |                                                                                        |  |  |
| -                        | CORAL SPRINGS FL 33076                                                       | Address                                                            |                                                                                        |  |  |
| -                        |                                                                              | City/ State and Zip Code                                           | e                                                                                      |  |  |
| dddus                    | acorp@gmail.com                                                              |                                                                    |                                                                                        |  |  |
|                          | E-mail address: (to be us                                                    | sed for future annual report                                       | notification)                                                                          |  |  |
| For further information  | concerning this matter, pleas                                                | se call:                                                           |                                                                                        |  |  |
| Daniel A Diaz            |                                                                              | 786<br>at (                                                        | 239-8709                                                                               |  |  |
| Name o                   | f Contact Person                                                             | <del></del>                                                        | de & Daytime Telephone Number                                                          |  |  |
| Enclosed is a check for  | the following amount made                                                    | payable to the Florida Depa                                        | irtment 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) |  |  |
| Amer<br>Divis            | ing Address  Indment Section  Identify the section of Corporations  Box 6327 | Amend<br>Divisio                                                   | Address<br>ment Section<br>on of Corporations<br>Building                              |  |  |

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



DDD USA CORPORATION INC

| P19000013814                                                                                                                                                                                                | filed with the Florida Dept. of State 17 - 1 P 14 14            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| 1 1 20(4)/1,/014                                                                                                                                                                                            |                                                                 |
| (Document Number of                                                                                                                                                                                         | Corporation (if known) TALLAHASSEE, FLORIDA                     |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:                                                                                                   | 'lorida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation:                                                                                                                                                 |                                                                 |
| name must be distinguishable and contain the word "corporation<br>"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C<br>word "chartered," "professional association," or the abbreviation "I | lo". A professional corporation name must contain the           |
| B. Enter new principal office address, if applicable:                                                                                                                                                       | 5944 CORAL RIDGE DR #148                                        |
| (Principal office address MUST BE A STREET ADDRESS)                                                                                                                                                         | CORAL SPRINGS FL 33076                                          |
|                                                                                                                                                                                                             |                                                                 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                                                                                                     | 5944 CORAL RIDGE DR #148                                        |
|                                                                                                                                                                                                             | CORAL SPRINGS FL 33076                                          |
| D. If amending the registered agent and/or registered office addre                                                                                                                                          | ess in Florida, enter the name of the                           |
| new registered agent and/or the new registered office address:                                                                                                                                              |                                                                 |
| Name of New Registered Agent                                                                                                                                                                                |                                                                 |
|                                                                                                                                                                                                             |                                                                 |
| (Florida stre                                                                                                                                                                                               | et address)                                                     |
| (Florida stree<br>New Registered Office Address:                                                                                                                                                            | et address)<br>, Florida                                        |

## 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             | PT           | John Do        | <u>ee</u>   |                 |
|-------------------------------|--------------|----------------|-------------|-----------------|
| X Remove                      | <u>V</u>     | Mike Jo        | nes         |                 |
| _X Add                        | <u>sv</u>    | Sally Sn       | <u>nith</u> |                 |
| Type of Action<br>(Check One) | <u>Title</u> |                | <u>Name</u> | <u>Addres</u> s |
| 1) Change                     |              | _              |             |                 |
| Add                           |              |                |             | •               |
| Remove                        |              |                |             |                 |
| 2) Change                     |              |                |             |                 |
| Add                           |              |                |             | <del></del>     |
| Remove                        |              |                |             |                 |
| 3 ) Change                    |              | _              |             |                 |
| Add                           |              |                |             |                 |
| Remove                        |              |                |             |                 |
| 4) Change                     |              | _              |             |                 |
| Add                           |              |                |             |                 |
| Remove                        |              |                |             |                 |
| 7 Change                      |              |                |             |                 |
| Add                           |              | _              |             |                 |
| Remove                        |              |                |             |                 |
|                               |              |                |             |                 |
| Change                        |              | · <del>-</del> |             |                 |
| Add                           |              |                |             |                 |
| Remove                        |              |                |             |                 |

| If amending or adding additional Arti (Attach additional sheets, if necessary). | . (Be specific)                                            |
|---------------------------------------------------------------------------------|------------------------------------------------------------|
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|                                                                                 |                                                            |
| If an amendment provides for an exch                                            | hange, reclassification, or cancellation of issued shares, |
| (if not applicable, indicate N/A)                                               | endment if not contained in the amendment itself:          |
|                                                                                 |                                                            |
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| 02/21/2019                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| doption:                                                                 | , if other than the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| 21/2019                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| (no more than 90 days after amendment file date)                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                          | ate will not be listed as the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| ( <u>CHECK ONE</u> )                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                          | s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                          | ent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| • •                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| (voting group)                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| opted by the board of directors without shareholder action and sharehold | er                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| opted by the incorporators without shareholder action and shareholder    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 25/2019                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Thank                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                          | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                                                                          | rt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ited fiduciary by that fiduciary)                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| DANIELA, DIAZ                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| (Typed or printed name of person signing)                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| DIRECTOR                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| (Title of person signing)                                                | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                          | (no more than 90 days after amendment file date)  block does not meet the applicable statutory filing requirements, this department of State's records.  (CHECK ONE)  opted by the shareholders. The number of votes cast for the amendment(utflicient for approval).  proved by the shareholders through voting groups. The following statem reach voting group entitled to vote separately on the amendment(s):  If for the amendment(s) was/were sufficient for approval  (voting group)  opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder  25/2019  Jirector, president of other officer – if directors or officers have not been each by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)  DANIEL A. DIAZ  (Typed or printed name of person signing)  DIRECTOR |