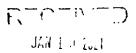
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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

VALHALLA USA CORP. NAME OF CORPORATION: _____ P19000075979 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LAURA OSORIO Name of Contact Person MODERN ACCOUNTANTS, INC. Firm/ Company 8332 VIA SERENA Address BOCA RATON, FL 33433 City/ State and Zip Code INFO@MODERNACCOUNTANTS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 914-1147

Area Code & Daytime Telephone Number LAURA OSORIO Name of Contact Person nclosed 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 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

VALHALLA USA CORP.

	(Document Number	of Corporation (if known)	
ant to the provisions of section 607.1000 ticles of Incorporation:	6, Florida Statutes, thi	s Florida Profit Corporation adopts the t	following amendmen
amending name, enter the new name	of the corporation:		
			The new
must be distinguishable and contain the " or Co.," or the designation "Corp. tered." "professional association," or t	," "Inc," or "Co".	"company," or "incorporated" or the abl A professional corporation name must "	breviation "Corp.," t contain the word
Enter new principal office address, if applicable: ncipal office address <u>MUST BE A STREET ADDRESS</u>)		8332 VIA SERENA	
		BOCA RATON, FL 33433	2021
			12.
			9
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8332 VIA SERENA	
		BOCA RATON, FL 33433	7110: 03
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amondine the mediate decrease M			
amending the registered agent and/or w registered agent and/or the new re		dress in Florida, enter the name of the	
w registered agent and/or the new re		<u>ss:</u>	
	gistered office addre	ss: DRIO	·
w registered agent and/or the new re	LAURA OSO 8332 VIA S	ss: DRIO	
w registered agent and/or the new re	LAURA OSO 8332 VIA S	ERENA treet address) ATON, Florida	33433
w registered agent and/or the new registered Agent	LAURA OSO 8332 VIA S (Florida s	ERENA treet address)	·
w registered agent and/or the new registered Agent	LAURA OSO 8332 VIA S (Florida s	ERENA treet address) ATON, Florida	33433
w registered agent and/or the new registered Agent Name of New Registered Agent New Registered Office Address:	LAURA OSC 8332 VIA S (Florida s BOCA R	ERENA treet address) ATON (City) At:	33433 (Zip Code)
w registered agent and/or the new registered Agent Name of New Registered Agent New Registered Office Address:	LAURA OSO 8332 VIA S (Florida s BOCA R ging Registered Ager agent. I am familian	ERENA treet address) ATON Florida (City) t: with and accept the obligations of the po	33433 (Zip Code)
w registered agent and/or the new registered Agent Name of New Registered Agent New Registered Office Address:	LAURA OSO 8332 VIA S (Florida s BOCA R ging Registered Ager agent. I am familian	ERENA treet address) ATON Florida (City) t: with and accept the obligations of the po	33433 (Zip Code)
w registered agent and/or the new registered Agent Name of New Registered Agent New Registered Office Address:	LAURA OSC 8332 VIA S (Florida s BOCA R	ERENA treet address) ATON Florida (City) t: with and accept the obligations of the po	33433 (Zip Code)

ndment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PTSD	KLAUS NICOLAS GRAETZER	5350 MYSTIC POINT DR.
X Add			# 1602
Remove			AVENTURA, FL 33180
) Change	<u> </u>		
Add			
X Remove	T	ROSA ELENA LEON	16132 NW 14TH COURT
Add			PEMBROKE PINES, FL 33028
Remove			
Change			
Add			
Remove			~~~~
_ Change			
_ Add			· · · · · · · · · · · · · · · · · · ·
Remove			
Change			
Add			
Remove			

	ional Articles, enter change(s) here: cessary). (Be specific)
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n amandmant	or an exchange, reclassification, or cancellation of issued shares, g the amendment if not contained in the amendment itself:
n amendment provides for	z we amenument it not contained in the amenument itself:
ovisions for implementing	te N/A)
in amendment provides for covisions for implementing (if not applicable, indicat	te N/A)
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NOVEMBER 24TH, 2	
The date of each amendment(s) adoption:date this document was signed.	, if other than th
Effective date if applicable:	
(no more than 90 days afte	r amendment file date)
Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	tory filing requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of diaction was not required.	rectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	f votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through votin must be separately provided for each voting group entitled to vote separately.	ately on the amendment(s)
"The number of votes cast for the amendment(s) was/were sufficient	it for approval
by	 ."
NOVEMBER 24, 2020 Dated Signature (By a director, president of other officer – if director, by an incorporator – if in the hands of	
appointed fiduciary by that fiduciary)	a receiver, trustee, or other court
KLAUS NICOLAS GRAE	TZER
(Typed or printed name of po	rson signing)
PRESIDENT	
(Title of person signing)	

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