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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_\_\_\_

## COR AMND/RESTATE/CORRECT OR O/D RESIGN GREEN MEDICAL USA, INC.

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Help

From: Kimberly Laughr

-9 1 7:16

## Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as current   | ly filed with the Florida Dept. of State)                      |
|---|--|
| P20000016675 · · ·  | •  |
| (Document Number of   | of Corporation (if known)                                      |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:   | Florida Profit Corporation adopts the following amendment(s) t |
| A. If amending name, enter the new name of the corporation:   |  |
|   | The new  |
| name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co"" "chartered," "professional association," or the abbreviation "P.A. | A professional corporation name must contain the word          |
| B. Enter new principal office address, if applicable:   | 2879 Mossy Brink Ct.   |
| (Principal office address MUST BE A STREET ADDRESS)   | Maineville, OH 45039   |
|   | ·  |
| C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)   | 2879 Mossy Brink Ct.   |
|   | Maineville, OH 45039   |
|   |  |
| D. If amending the registered agent and/or registered office add  | ress in Florida, enter the name of the                         |
| new registered agent and/or the new registered office address   | <u>%:</u>  |
| Name of New Registered Agent  | <del></del> ·  |
|   |  |
| (Florida su   | reet address)  |
| New Registered Office Address:  | , Florida  |
|   | (City) (Lip Code)  |
|   |  |
| `````   |  |
| New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar   | <u>::</u><br>with and accept the obligations of the position.  |
|   |  |
|   | •  |
| Signature of New R  | Registered Agent, if changing                                  |
| Check if applicable   |  |
| ☐ The amendment(s) is/tire being filed pursuant to s. 607.0120 (14)   | (e). F.S.  |

To: 18506176380

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; V = 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 curporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remaye, and Sally Smith, SV as an Add.

| X Change                      | <u> </u>                 | John Doe                 |                       |  |  |
|-------------------------------|--------------------------|--------------------------|-----------------------|--|--|
| X Remove                      | $\underline{\mathbf{v}}$ | Mike Jones               |                       |  |  |
| X Add                         | <u>sv</u> .              | Sally Smith              |                       |  |  |
| Type of Action<br>(Check One) | Title                    | <u>Name</u>              | Audicss               |  |  |
| I) X Change                   | PST                      | Yoshinori Uchida         | -2879 Mossy Brink Ct. |  |  |
| Add                           |                          |                          | Maineville, OH 45039  |  |  |
| Remove .                      |                          |                          | <del></del>           |  |  |
| 2) Change                     |                          |                          |                       |  |  |
| Add                           | _                        |                          |                       |  |  |
| Remove 3) Change              |                          | <del>-</del> <del></del> |                       |  |  |
| Add                           |                          |                          |                       |  |  |
| Remove                        | `                        |                          |                       |  |  |
| 4) Change                     |                          | <u> </u>                 |                       |  |  |
| Add                           |                          |                          |                       |  |  |
| Remove                        |                          | -                        |                       |  |  |
| 5) Change                     |                          | <del></del>              |                       |  |  |
| Add                           |                          |                          |                       |  |  |
| Remove                        |                          |                          |                       |  |  |
| 6) Change                     | ··                       |                          |                       |  |  |
| Add                           | •                        |                          |                       |  |  |
| Remove                        |                          |                          |                       |  |  |

| If amending or adding additional Articles, enter (Attach additional sheets, if necessary). (Be speci | fic) ·                 |                           |              |
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| f an amendment provides for an exchange, recir   | issification, or cance | llation of issued shares, |              |
| provisions for implementing the amendment if<br>(if not applicable, indicate N/A)                    | not contained in the   | muenament usen;           |              |
| (y not appreciate, materie 1631)   |                        |                           | **           |
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From: Kimberly Laughre

| The date of each amendment(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 this block does not meet the applicable statutor document's effective date on the Department of State's records.    | ry filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)  |   |
| The amendment(s) was/were adopted by the incorporators, or board of direction was not required.   | ectors without shareholder action and shareholder           |
| ☐ The amendment(s) was/were adopted by the shureholders. The number of by the shareholders was/were sufficient for approval.                      | votes cast for the amendment(s)                             |
| The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separate |   |
| "The number of votes cast for the amendment(s) was/were sufficient  | for approval  |
| by (voting group)   |   |
| December 1, 2020<br>Dated   |   |
| Signature Yrskingri UC  | rècla   |
| (By a director, president or other officer – if direct selected, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary) |   |
| Yoshinori Uchida  |   |
| (Typed or printed name of pers  | son signing)  |
| President   | ·   |
| (Title of person signing)   |   |