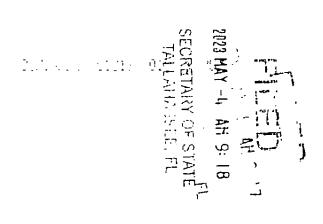
P21000058655

(Re	questor's Name)	
bA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	_
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: PURAPIPE USA, I	INC.		
DOCUMENT NUM	BER: P21000058655			
	s of Amendment and fee are so	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	ADAM SMALL			
		Name of Contact Person	1	
	BARNES, SMALL & MCGI	E CPAS, PLLC		
		Firm/ Company		
	2500 N MILITARY TRAIL,	. •		
		Address		
	BOCA RATON, FL 33431			
		City/ State and Zip Cod	e	
	ADAM@BSM-CPA.COM			
	E-mail address; (to be us	sed for future annual report	notification)	
	on concerning this matter, plea		245 2151	
ADAM SMALL		at (de & Daytime Telephone Number	
Name	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Dep	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)	
<u>M</u>	niling Address		Address	
Amendment Section		Amendment Section		
Division of Corporations		Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

SECRETAIN OF STATE

Articles of Amendment to Articles of Incorporation of

PURAPIPE USA, INC.				
(Name	of Corporation as currer	ntly filed with the Florida Dept. of State)		_
P21000058655				
	(Document Number	r of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amend	lment(s)) to
A. If amending name, enter the new n	ame of the corporation:			
		The	new	
	Corp, " "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp A professional corporation name must contain the w 4."		
B. Enter new principal office address, if applicable:		C/O BARNES, SMALL & MCGEE CPAS, PLLC		
(Principal office address MUST BE A S		2500 N MILITARY TRAIL, STE 220		
		BOCA RATON, FL 33431		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		C/O BARNES, SMALL & MCGEE CPAS, PLLC	_	
		2500 N MILITARY TRAIL, STE 220	2	
		BOCA RATON, FL 33431	023 HAY	3r.
D. If amending the registered agent ar new registered agent and/or the new		Idress in Florida, enter the name of the	1- Y	
-	BARNES, SMALL & M		AH	
Name of New Registered Agent	2500 N MILITARY TRAIL, STE 220		9	į
		street address)	6.1.6	
N B 1 - 1005 (11	BOCA RATON	्रा । । । । । । । । । । । । । । । । । । ।	7	1
New Registered Office Address:		(City) Florida (Zip Code)	-	
New Registered Agent's Signature, if c	hanging Registered Ages	nt:		
I hereby accept the appointment as regist	tered agent. I am familia	r with and accept the obligations of the position.		
	Adam F. S	Mall, CPA		
	Signature of New	Registered Agent, if changing		

Check if applicable

☐ The amendment(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	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	P,D	ARVID OPHAUG	C/O BARNES, SMALL & MCGEF
Add			2500 N MILITARY TRAIL, STE 2
Remove			BOCA RATON, FL 33431
2) Change			
Add			
Remove 3) Change			
Add			<u> </u>
Remove			,π ≈
4) Change			ORETARY OF
Add			WHY O'TS FUE
Remove			
5) Change			9: 19
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) date this document was signed.	adoption:	, if other t	han the	•
Effective date <u>if applicable</u> :				
	(no more than 90 days after amendment file date)			
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	II not be listed	d as the	:
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and	d shareholder		
XI The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.			
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):			
"The number of votes ca	st for the amendment(s) was/were sufficient for approval			
by	·			
	(voting group)			
selec	director, president of other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that tiduciary)	_		
	ARVID OPHAUG	S	202	
	(Typed or printed name of person signing)	골	2023 MA	;
	CEO, PRESIDENT AND DIRECTOR	LAH	ΑY -1	
	(Title of person signing)	NOSSE, FL	4 AM 9: 19	