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(Ře	questor's Name)	
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2023 J - - 7 PT 9: 1-4

S. ROBERTO

AUG 1 1 2023

COVER LETTER

TO: Amendment Section Division of Corporations

	bmitted for filing. Itter to the following: Name of Contact Person	
oncerning this ma	atter to the following:	
oncerning this ma	atter to the following:	
spinosa, Esq.		
·	Name of Contact Persor	
'A	Name of Contact Person	1
		•
St Suite 102	Firm/ Company	
ida 33130	Address	
	City/ State and Zip Code	e
osa@loigica.con	ו	
address: (to be u	sed for future annual report	notification)
this matter, plea	se call:	
Camilo A. Espinosa, Esq.		726-1537
Name of Contact Person		de & Daytime Telephone Number
ng amount made	payable to the Florida Depa	artment of State:
	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810
	address: (to be used this matter, pleaserson amount made afficate of Status are stion porations	Address ida 33130 City/ State and Zip Code nosa@loigica.com address: (to be used for future annual report g this matter, please call: at (

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

XOUADRA U.S.A. INC

(Name of Corporation as cu	rrently filed with the Florida Dept. of State)	
P21000074597	Trendy med with the Figure Dept. of State)	
(Document Nun	mber of Corporation (if known)	·
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the follo	owing amendment(s
A. If amending name, enter the new name of the corporation	on:	
		The new
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation	o". A professional corporation name must co	viation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		~
		ÛŹ
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4:
(Mulling dudiess) MAT BE AT OST OF FICE BOX		1
	-	
D. If amending the registered agent and/or registered office		1,1 9: 1,1
new registered agent and/or the new registered office ac	<u>adress:</u>	
Name of New Registered Agent		
(Flor	rida street address)	
New Registered Office Address:	, Florida	
		Zip Code)
New Registered Agent's Signature, if changing Registered. I hereby accept the appointment as registered agent. I am fan	Agent: miliar with and accept the obligations of the positi	ion
i nerco, decejn ine apponiment as registerea agent. I am jan	mile with and accept the configuration by the point	
_ 44 , 44		
Signature of	New Registered Agent, if changing	
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120	0 (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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One)	V	DIANA VELASQUEZ ORREGO	2200 N COMMERCE PARKWAY
Change X			SUITE 200, OFFICE 228
Add			WESTON, FL 33326
Remove	P	MARCELA PARRA	2200 N COMMERCE PARKWAY
2) Change			SUITE 200, OFFICE 228
Add X			WESTON, FL 33326
Remove Change	D	MARCELA PARRA	2200 N COMMERCE PARKWAY
X Add			SUITE 200, OFFICE 228
Remove			WESTON, FL 33326
4) Change	D	OSCAR J CASTRILLON	2200 N COMMERCE PARKWAY
<u>-</u>			SUITE 200, OFFICE 228
X Add			WESTON, FL 33326
Remove	P	GINA PAOLA CHAVE FORERO	2200 14 (2014) 4175 477 114 114 114 114
5) Change X	<u> </u>		2200 N COMMERCE PARKWAY SUITE 200, OFFICE 228
Add			WESTON, FL 33326
Remove			
6) Change			
Add			
Remove			

	ets, if necessary).	(Be specific)		
				
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an amendment or	ovides for an exc	hange, reclassification	i, or cancellation of iss	ued shares,
	ementing the amo	endment if not contain	ned in the amendment	itself:
provisions for impl	le. indicate N/A)			
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	ion:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	data)
	(no more man 30 days after amenament file	uure)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirement of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without sh	areholder action and shareholder
The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the ent for approval.	e amendment(s)
	ed by the shareholders through voting groups. The fol is voting group entitled to vote separately on the amen	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
n(/20/2	N22	
Dated 06/59/2	023	
Signature	023	
(By a direct selected, by	or, president or other officer – if directors or officers I an incorporator – if in the hands of a receiver, trustee iduciary by that fiduciary)	
	Gina Parola chavet-tore	Ō
	(Typed or printed name of person signing)	
	Prosidente	
	(Title of person signing)	