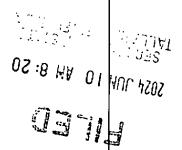
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FABIO LAMBORGHINE USA CONFY	ention
DOCUMENT NUMBER: _ P3200059543	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ROBERTO RABAWE Name of Contact Person	-
FARIO LAMBORGhiNi USA CONFORMENTO	<u>.</u>
2800 N. AIA Soite 601 Fort Prese	-
Fort Pierce Fbride 34949 City State and Zip Code	_
PRABAUVE IQ ME. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
KOBERTO RABANIE a1 646 ,322 6767	
Name of Contact Person Area Code & Daytime Telephone Numb	er
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FABIO LAMBORGHAI USA CONBORATION INC
(Name of Corporation as currently filed with the Florida Dept. of State)
P2200059543 (Document Number of Corporation (if known)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp" "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
(Florida street address)
New Registered Office Address:, Florida,
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
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>	<u>John De</u>	<u>ne</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	PRE	5 .	GABRIFLE A AMBRIGI	2800 NAIA#601
Add			ν	Fort PIERCE FL.
Remove				34949
2) Change		-		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_	****	
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)				
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f an amendment provides for an exch	ange, reclassificati	ion, or cancellati	ion of issued sh	ares,	
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not cont	ained in the amo	endment itself:		
(y not appreciose, marcule (431)					
<u>.</u>	<u> </u>	. <u>.</u>			<u>-</u>
				· · · ·	
				 -	

The date of each amendment(s) add	ption:	if other than th
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 blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, thartment of State's records.	tis date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without shareholder	r action and shareholder
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendricient for approval.	nent(s)
	oved by the shareholders through voting groups. The following statich voting group entitled to vote separately on the amendment(s):	
"The number of votes east fo	or the amendment(s) was/were sufficient for approval	
by Robento PC	(voting group)	
	(Tolling group)	
Dated - 10ME	10 7071	
Dime JO/V		
Signature	BEND /CABINE	
(B√a dire	ector, president or other officer - if directors or officers have not b	
	by an incorporator – if in the hands of a receiver, trustee, or other	court
appointed	fiduciary by that fiduciary)	
(ROBENTO RABANNE	
	(Typed or printed name of person signing)	
	CED	
-	(Title of person signing)	

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