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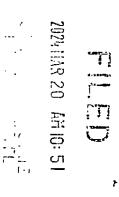
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: Carbon-USA Corp		
DOCUMENT NUMI	BER: P23000008556		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Julia Schriever		
		Name of Contact Person	
	Carbon-USA Corp.		
		Firm/ Company	
	11458 Rexmere Blvd.		
		Address	
	Davie.FL 33325		
		City/ State and Zip Code	2
	chris@german-remo.com		
	-0	sed for future annual report	notification)
	`	•	
For further informatio	n concerning this matter, pleas	se call:	
Julia Schriever		at (8604557
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	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)
Ame Div	iling Address endment Section ision of Corporations . Box 6327	Amend Divisio	Address ment Section n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment ion

	Articles of Incorporation
	of
Carbon-USA Corp.	

Carbon-USA Corp. (Name of C) 223000008556	0		
(Name of C			FILE
· · · · · · · · · · · · · · · · · · ·	Corporation as current	ly filed with the Florida Dept. of	State)
		ZŪ	state) ²⁴ HAR 20 Air In: 52
	(Document Number	of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·
tursuant to the provisions of section 607.100 s Articles of Incorporation:	06, Florida Statutes, this	E. Florida Profit Corporation adopt	s the following amendment
. If amending name, enter the new name	e of the corporation:		
COVER-TEC Inc.			The new
ame must be distinguishable and contain the Inc.," or Co.," or the designation "Cor, chartered," "professional association," or	p," "Inc," or "Co".	A professional corporation name	he abbreviation "Corp.," must contain the word
B. Enter new principal office address, if applicable:		11458 Rexmere Blvd.	
Principal office address <u>MUST BE A STR</u>		Davie	
		FL, 33325	
Enter new mailing address, if applica (Mailing address MAY BE A POST OF		11458 Rexmere Blvd.	
· · · ·		Davie	
		FL, 33325	
). If amending the registered agent and/o	or registered office add	trees in Florida, enter the name (of the
new registered agent and/or the new r			n the
Name of New Registered Agent	hristopher Schriever		
	1458 Rexmere Blvd.		
	(Florida s	treet address)	
New Registered Office Address:	avie	, Fl	orida
		(City)	(Zip Code)

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)

Example:

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.

X_Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			_ /
Add			
Remove			/
2) Change		_ \	
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_ /	\
Add			
Remove		/	
6) Change	-		
Add			
Remove			

tach additional sheets, if neces	al Articles, enter change(s) heressary). (Be specific)	<u>.</u>
· · · · · · · · · · · · · · · · · · ·		
<u></u>		
		<i></i>
	—	
	<u> </u>	
		<i>,</i>
		/
	X	
		
an amendment provides for a	an exchange, reclassification, or	cancellation of issued shares.
rovisions for implementing th	he amendment if not contained	in the amendment itself:
(if not applicable, indicate i	V/A}	
	• • • • • • • • • • • • • • • • • • • •	
· · · · · · · · · · · · · · · · · · ·		
		<u> </u>
(

The date of each amendment(s) adopt date this document was signed.	tion:	, if other than the
Effective date if applicable:		
- Applicable	(no more than 90 days after amendment fu	le date)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requiment of State's records.	frements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted action was not required.	I by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffic	d by the shareholders. The number of votes cast for ient for approval.	the amendment(s)
	ed by the shareholders through voting groups. The f h voting group entitled to vote separately on the amo	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
03/12/2024 Dated		
Signature	No.	
(By a direct selected to	or president or other officer – if directors or officer van incorporator – if in the hands of a receiver, trust iduciary by that fiduciary)	
Jul	ia Schriever	
_	(Typed or printed name of person signing)	
Pre	sident	

(Title of person signing)