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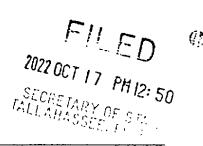
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION: Figueras Scating	USA, Inc.	
	UMBER: P99000082565	· · · · · · · · · · · · · · · · · · ·	
	cles of Amendment and fee are s	ubmitted for filing.	
Please return all c	orrespondence concerning this m	atter to the following:	
	Christopher J. Klein, Esq.		
		Name of Contact Perso	n
	Baur & Kkein, P.A.		
		Firm/ Company	
	1001 Brickell Bay Drive 😘	2700	
	······································	Address	
	Miami, FL 33131		
		City/ State and Zip Cod	e
	cklein@worldwidelaw.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further inform	ation concerning this matter, plea	se call:	
Christopher J. Kle	ein	305 at (377-3561
Na	me of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fe	© \$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address Iment Section In of Corporations In the Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



Figueras Seating USA, Inc.	The state of the s
(Name of Corporation as c	urrently filed with the Florida Dept. of State)
P99000082565	
(Document Nu	ımber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporate	tion:
N/A	The new
	ion," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word
	N/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)	N/A
D. If amending the registered agent and/or registered offi	ce address in Florida, enter the name of the
new registered agent and/or the new registered office a	address:
Name of New Registered Agent N/A	
(Fic	orida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	Aganti
I herehy accept the appointment as registered agent. I am fai	miliar with and accept the obligations of the position.
Signature of	New Registered Agent, if changing
Check if applicable	

☐ The amendment(s) is/arc being filed pursuant to s. 607.0120 (11) (e), F.S.

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visions for implementing the	e amendment if not co	ation, or cancellation that in the amer	ndment itself:	
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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>b.t.</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	PD	Mr. Joan Traveria	990 S. Pine Island Rd.
Add			Ste. A-150
X Remove			Plantation, FL 33324
2) Change	PD	Mr. Jose manuel Santiago Calvo	990 S. Pine Island Rd.
Add			Ste. A-150
Remove 3) Change			Plantation, FL 33324
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	· ·		
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) ado date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendme	nt file date)
	(no more than 90 days after umenume	m fire units
Note: If the date inserted in this blo document's effective date on the Department	ck does not meet the applicable statutory filing tartment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopt action was not required.	ted by the incorporators, or board of directors with	nout shareholder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast icient for approval.	for the amendment(s)
☐ The amendment(s) was/were appromust be separately provided for ea	oved by the shareholders through voting groups. The ach voting group entitled to vote separately on the	The following statement camendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for appro	val
by	<u> </u>	<u></u>
Dated July 4/		
(By a diet selected,	etor, president or other officer – if directors or of by an incorporator – if in the hands of a receiver, d fiduciary by that fiduciary)	
N 	1r. Jose Manuel Santiago Calvo	
	(Typed or printed name of person signing	g)
P	resident and Director	
_	(Title of person signing)	