

P 99000 105665

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
ARKIK USA INC.**

Certificate of Status	0
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Page Count	04
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**Articles of Amendment
to
Articles of Incorporation
of**

Arkik USA Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P99000105665

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

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**)*

N/A

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 office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

Corporate Creations Network Inc.

801 US Highway 1

(Florida street address)

New Registered Office Address:

North Palm Beach

Florida 33408

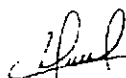
(City)

(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.

Carlos M Alvarez, Attorney-in-Fact



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.

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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)

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	CEO	MENDEZ, MARTIN MIGUEL	1395 Brickell Ave
<input type="checkbox"/> Add			500
<input checked="" type="checkbox"/> Remove			Miami, FL 33131
2) <input type="checkbox"/> Change	Secretary	GARZA HERNANDEZ, ALEJANDRO	1395 Brickell Ave
<input type="checkbox"/> Add			500
<input checked="" type="checkbox"/> Remove			Miami, FL 33131
3) <input type="checkbox"/> Change	CFO	TASSINARI ELDRIGE, HECTOR	1395 Brickell Ave
<input type="checkbox"/> Add			500
<input checked="" type="checkbox"/> Remove			Miami, FL 33131
4) <input type="checkbox"/> Change	COO	MARENCO ZAVALA, SAUL	1395 Brickell Ave
<input type="checkbox"/> Add			500
<input checked="" type="checkbox"/> Remove			Miami, FL 33131
5) <input type="checkbox"/> Change	FINANCE	MENDEZ HERNANDEZ, MARIA DEL ROSARIO	1395 Brickell Ave
<input type="checkbox"/> Add			500
<input checked="" type="checkbox"/> Remove	Chief Executive Officer		Miami, FL 33131
6) <input type="checkbox"/> Change	President	Galindo Gout, Gonzalo	1395 Brickell Ave
<input checked="" type="checkbox"/> Add	Director		500
<input type="checkbox"/> Remove			Miami, FL 33131

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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)
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:
☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
7) <input type="checkbox"/> Change	Chief Operating Officer	Carreño Manjarrez, Juan Francisco	1395 Brickell Ave
<input checked="" type="checkbox"/> Add	Director		500
<input type="checkbox"/> Remove			Miami, FL 33131
8) <input type="checkbox"/> Change	Treasurer	Moreno Martinez, Juan	1395 Brickell Ave
<input checked="" type="checkbox"/> Add			500
<input type="checkbox"/> Remove			Miami, FL 33131
9) <input type="checkbox"/> Change	Secretary	Peña Valle, Ricardo	1395 Brickell Ave
<input checked="" type="checkbox"/> Add	Director		500
<input type="checkbox"/> Remove			Miami, FL 33131
10) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
11) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
12) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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

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

N/A

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the 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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

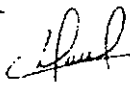
Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____
(voting group)"

Dated September 12, 2022

Signature



(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Carlos M Alvarez

(Typed or printed name of person signing)

Attorney-in-Fact

(Title of person signing)

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