PITALLIAIZA

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	<u> </u>
PICK-UP WAIT	 MAIL
(Business Entity Name)	
(Document Number)	<u> </u>
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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C. GOLDEN SEP - 7 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NEPTUNE FISE	ERY CORP
DOCUMENT NUMBER: P17000072782	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this i	atter to the following:
YOUNES BRITEL	
NEPTUNE FISHERY CO	Name of Contact Person
	Firm/ Company
11757 PEACHSTONE LA	NE
	Address
ORLANDO, FL 32821	
	City/ State and Zip Code
YBRITEL0@GMAIL.COM	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ease call:
MAIRA PENN	at (407) 970-8185
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	 e payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILEO

NEPTUNE FISHERY CORP

2017 SEP -5 PH 2: 53

		<u> </u>		·
(<u>Name c</u>	of Corp	oration as currently f	iled with the Florida Dept.	of State)
P17000072782				TALL NAMES E. FLORIUM
	(D	Öcument Number of C	orporation (if known)	<u>ক্</u> ত
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, F	Torida Statutes, this Fla	orida Profit Corporation ado	pts the following amendment(s) to
A. If amending name, enter the new na	me of t	 the corporation:		
N/A				The new
name must be distinguishable and con. "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "	${ m ar G}orp$," "Inc," or "Co	o". A professional corporati A."	ated" or the abbreviation
B. Enter new principal office address,	if appli	 cable:	N/A	
(Principal office address MUST BE A S				
				· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		 E BOX)	N/A	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ii		
D. If any adding the angles and a good and	4/0	mintaged of Consoldings	s in Flouids, ontou the name	aftha
D. If amending the registered agent an new registered agent and/or the new			s in Fiorida, enter the name	orthe
	N/A			
Name of New Registered Agent	27/4			
	N/A			
		(Florida street	address)	
New Registered Office Address:	N/A			Florida
		(C	iiy)	(Zip Code)
		<u> </u>		
New Registered Agent's Signature, if cl I hereby accept the appointment as regist			h and accept the obligations	of the position
Thereo, accept the appointment as region	erra ag			-y <i>γ</i>
-		Signature of New Reg	istered Agent, if changing	

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice of Executive Officer: CFO sheld, President, Treasure, Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	and/or D if necess rector title President = Chief F r, Directo in the fol ves the co	irector being ary) e by the first let; T = Treasurer Financial Office or would be PT Howing manner orporation, Sal	dded: ter of the office title: S= Secretary; D= Director; TR= Truster, If an officer/director holds more than Currently John Doe is listed as the PST by Smith is named the V and S. These show	ector being removed and title, name, and ee; C = Chairman or Clerk; CEO = Chief one title, list the first letter of each office and Mike Jones is listed as the V. There is ald be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	<u>John Doe</u>		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Nam</u>	<u>e</u> 	<u>\ddres</u> s
1) Change		N/A — —		
Add				
Remove				
2) Change		N/A		
Add				
Remove				
3) Change				
Add			_	
Remove			_	<u> </u>
4) Change		N/A	_	
Add				
Remove				
		\$1/ ·	_	
5) Change				
Add			_	
Remove			_	
6) Change		N/A		
Add			_	
Remove			_	

1 2 1

E. If amending or adding additional Articles, (Attach additional sheets, if necessary). (Be	nter change(s) here:
ARTICLE VIII	
SHARES ARE DISTRIBUTED AS FOLLOWS:	
98% OF AUTHORIZED SHARES BLANMAR	SARL Zone Industrielle Hay Salam Dakhka Morrocco
2% OF AUTHORIZED SHARES KHALID ZAI	RANI 11757 Peachstone Lanc Orlando, FL 32821
F. If an amendment provides for an exchange	reclassification, or cancellation of issued shares,
provisions for implementing the amendme	nt if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	ust 30, 2017
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
	no more than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of St	meet the applicable statutory filing requirements, this date will not be listed as the ate's records.
Adoption of Amendment(s) (CHE	CK ONE)
The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap	areholders. The number of votes east for the amendment(s) oroval.
	hareholders through voting groups. The following statement roup entitled to vote separately on the amendment(s):
"The number of votes east for the amend	 ment(s) was/were sufficient for approval
by	g group)
The amendment(s) was/were adopted by the boaction was not required.	oard of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the in action was not required. September 1, 2017 Dated	corporators without shareholder action and shareholder
Signature	
	ent operfier officer – if directors or officers have not been orator – if in the hands of a receiver, trustee, or other court y that fiduciary)
Younes Brite	
(T	yped or printed name of person signing)
President	
	(Title of person signing)