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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer	
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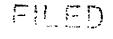
> 2021 JUH - 7 PM 8: 36 SECTIONARY 1.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: AQUARIUS PRES	SS, INC.	
DOCUMENT NUM		· · · · · · · · · · · · · · · · · · ·	
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	James A. Williams		
		Name of Contact Person	1
	-	Firm/ Company	
	13795 NW 19th Ave.		
		Address	
	Opa Locka, FL 33054		
		City/ State and Zip Code	e
	Jim@Aquariuspress.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Jim Williams		at (688-0066
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 llahassee, FL 32314	Amend Divisio The Co 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment Articles of Incorporation of



2021 JUN - 7 PM 8: 36

(Name of	Corporation as currently filed with	the Florida Dept; of State)
	(Document Number of Corporation	ı (if known)
Pursuant to the provisions of section 607.19 ts Articles of Incorporation:	006, Florida Statutes, this <i>Florida Prof</i>	Git Corporation adopts the following amendment(s) to
A. If amending name, enter the new nar	ne of the corporation:	
		The new
	rp," "Inc." or "Co". A profession	r "incorporated" or the abbreviation "Corp" al-corporation name must contain the word
B. Enter new principal office address, if Principal office address <u>MUST BE A ST</u>		
C. Enter new mailing address, if applic (Mailing address <u>MAY BE A POST O</u>		
D. If amending the registered agent and	/or registered office address in Flori	da, enter the name of the
new registered agent and/or the new		
Name of New Registered Agent	James A. Williams	
	13795 NW 19th Ave.	
=	(Florida street address)	
New Registered Office Address:	Opa Locka	, Florida 33054
The state of the s	(City)	(Lip 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.

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)

Add

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	\underline{Y}	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	P/S/D	Valerie Doten	7644 Harbour Blvd.
Add			Miramar, FL 33023
X Remove			
2) Change	P/S	James A. Williams	5441 Buchanan Street
X Add			Hollywood, FL 33021
Remove 3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
6) Change	-	_	

(Attach additional she	ng additional Art eets, if necessary).	(Be specific)				
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. If an amendment pr	ovides for an exec	hanga raalassi	fication or sone	allation of issuad	cha roe	
provisions for impl (if not applicable	ementing the am	endment if not	contained in the	amendment itse	lf:	
(if not applicabl	le, indicate N/A)					
_						

	May 1, 2021
The date of each amendment(s) date this document was signed.	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 document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	
,	(voting group)
Dated	
Signature) e
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	James A. Williams
	(Typed or printed name of person signing)
	President
	(Title of person signing)