

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: INTERNATIONAL ASSOCIATION OF NITROX DIVERS, INC. DOCUMENT NUMBER: L41666
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following
Name of Contact Person International Association of Nitrox divers, INC. Firm/Company
INTERNATIONAL ASSOCIATION OF NITROX CIVERS, INC.
119 NW Ethow Place Suite 101
LAKE City/Florida/32055 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Luis Augus to de O.A. Pedro at (386) 438-8312 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State
□ \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) □\$43.75 Filing Fee & □\$43.75

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

is enclosed)

Articles of Amendment Articles of Incorporation

of

INTERNATIONAL ASSOCIATI	ON OF NIEROX DIVERS, INC.
1/11/16	.
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, the its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
	NA SE T
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A 555
(Maning duarts) <u>Mai 1 Mai 1 Mai 1 Mai 1 Mai 1</u>	N/A
	N/A $D_{\rm rec}$ O
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address	
Name of New Registered Agent Luis Augu	sto Pedeo
147 NW ZZ	4c K DR
New Registered Office Address: LAKE CIT	Florida 32055
	and the same of th
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	
I A J J OH T	Tions
Signature of New	Registered Agent, if changing

Page 1 of 4

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: <u>X</u> Change	PT John	<u>1)0e</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CFO	David V. mount	334 NW HERITAGE DR
Add			LAKE City, FL 32055
X Remove			USA
2) Change	<u>_S_</u>	David V. mount	334 NW Heeitage Di
Add			LAKE City, FL 37055
Remove 3.) Change	S	Luis Augusto Pedro	USA 147 NW ZACK DR
_X, Add			Lake City, fl 32055
Remove			USA
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amendin</u> (Attach <i>inkli</i>	g or adding a itional sheets.	dditional Artic if necessary).	<mark>les, enter el</mark> Be specific	nange(s) her j	<u>e</u> :			
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<u>provisions</u>	<u>s for impleme</u>	les for an excha nting the amen					<u>es,</u>	
. ,	t applicable, ir	idicate NA)						
N/A								
								
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-								

The date of each amendment(s) adoption: $\boxed{Jowe 29^{6h} 2017}$ if other than that this document was signed.
Effective date if applicable: I MATE dia 4 Ely (no more than 90 days after amendment file date)
Note: If the date inscrited in this block does not meet the applicable statutory filing requirements, this date will not be listed as a locument's effective date on the Department of State's records.
Adoption of Amendment(s) (<u>CHECK ONE</u>)
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
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature // 2017 Signature // 2017 (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)
(Typed or printed name of person signing)
CEO
(Title of person signing)