N13000007428

| (Re | equestor's Name) | | | |
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| PICK-UP | MAIT | MAIL | | |
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| Certified Copies | Certificates | s of Status | | |
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COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: Project Leatherback Inc. | | | | |
|--|--|--|--|--|
| DOCUMENT NUMBER: N13000007428 | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Kelly Martin | | | | |
| (Name of Contact Person) | | | | |
| Project Leatherback Inc. (Firm/Company) | | | | |
| (Firm/ Company) | | | | |
| 3962 Holly Dr. | | | | |
| STOZ FTOTIY DY. | | | | |
| Palm Beach Gardens, FL 33410 (City/State and Zip Code) | | | | |
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| info a floridaleatherbacks. com E-mail address: (to be used for future annual report notification) | | | | |
| 13-mail address. (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Chris Johnson at 541-318-3550 (Name of Contact Person) (Area Code) (Daytime Telephone Number) | | | | |
| (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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed) | | | | |
| Mailing Address Street Address | | | | |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

Leatherback Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N13000007428 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Leatherbacks Inc. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: Florida (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. Signature of New Registered Agent, if changing

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 <math>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: X Change X Remove X Add | <u>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | |
|----------------------------------|------------------------------------|---------------------------------------|--------------------------|
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change Add Remove | | | |
| 2) Change Add | | | |
| Remove 3) Change Add Remove | | - | SECRETARY OF TALLASSEELF |
| 4) Change Add Remove | | | H 4: 03 |
| 5) Change Add Remove | | | |
| 6) Change Add Remove | | | |

| (attach additional sheets, if necessary). | (Be specific) | | |
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| The date of each amendment(s) adoption: date this document was signed. | , if other than the |
|--|--|
| Effective date if applicable: July 29, 2015 (no more than 90 days after amendment file date) | |
| (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 document's effective date on the Department of State's records. | listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. | |
| There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. | |
| Dated July 31, 2015 | |
| Signature Key S. Mab | |
| (By the chairman of the board, president or other officer-if directors | |
| have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | |
| | * ==================================== |
| Vall. 1 Martin | |
| Kelly J. Martin (Typed or printed name of person signing) | |
| (Typed or printed name of person signing) | í ≅≅n |
| | - XX |
| President | |
| (Title of person signing) | STAT |
| | S DE |