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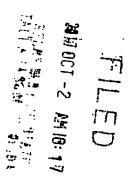
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I ALBRITTON.

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	PROJECT SALVAC	E UNLIMITED, IN	C.	
		m 0 70 m	· <del></del>	
DOCUMENT NUMBER:	NI+DERC	00 X 388		
The enclosed Articles of Am	nendment and fee are subm	nitted for filing.		
Please return all corresponde	ence concerning this matte	r to the following:		<b>-</b> .
		NADIA BERNAI	RD	,
<u>:</u>		(Name of Contact Po	erson)	
	PROJECT	SALVAGE UNLIN	MITED, INC.	
		(Firm/ Company	y)	
	!	2 REDWOOD CIR	CLE	
	· · · · · · · · · · · · · · · · · · ·	(Address)	<del></del>	
	Pt.	ANTATION, FLOR	IDA 33317	
		(City/ State and Zip	Code)	
		n2Bernard@yahoo	o,com	
I:	-mail address: (to be used	for future annual rep	port notification	1)
For further information conc	erning this matter, please (	call.		
	NADIA BERNARD	at	954	825-5693
· · · = = =	(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pa	yable to the Florida I	Department of	State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43,75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is used)
P.O. Box 6	nt Section f Corporations	Ar Di Cli	reet Address nendment Sect vision of Corpo ifton Building 61 Executive C	prations

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

PROJECT SALVAGE UNLIMITED, INC.

(Name of Corporation as cur	rently filed with the Flor	rida Dent. of State)	<del></del>
L ( IV	$D\Lambda\Lambda\Lambda\Lambda\Lambda$	12 8 8	
(Document Vi	umber of Corporation (if k	nown)	
·	•		
Pursuant to the provisions of section 617,1006, Florida Sta amendment(s) to its Articles of Incorporation.	itutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the f	ollowing
A. If amending name, enter the new name of the corpo	oration:		
N/A			The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated		
B. Enter new principal office address, if applicable:	*****		
(Principal office address <u>MUST BE A STREET ADDRE</u>	. <u></u> ) <sub>N/A</sub>		ونبق
			逐.
			<del>ස</del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	A Comment	1-2
		XI,	至,
			<del></del>
		型 误	
Poster and the same of a second second second	er bl :- El: l-	CB CC	ـــــــــــــــــــــــــــــــــــــ
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered officers.		enter the name of the	
N/A	<del></del>		
Name of New Registered Agent: 1975			
(Florida street address)  New Registered Office Address:		lorida street address)	
ACH TOGRAD COLVERN AND COS.			
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I am	red Agent: n familiar with and accept	the obligations of the position.	
	Signature of New Regis	tered 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 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	PT         John D           V         Mike John S           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Remove			
2) Change Add			
Remove 3 ) Change			
Add			
4) Change			
Add Remove			
51 Change			
Add			
Remove 6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such
purposes, the making of distributions to organizations that qualify as exempt organizations described under Section 501(c)(3
of the Internal Revenue Code, or corresponding section of any future federal tax code.
Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of
Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be
distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed o
shall be disposed of by a court of competent jurisdiction in the county in which the principal office of the organization is the
located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are
organized and operated exclusively for such purposes.

	ate of each amendment(s) as is document was signed.	loption:	, if other than the
Effect	ive date if applicable:		
		(no more than 90 days after amendment file date)	
	If the date inserted in this blent's effective date on the De	ock does not meet the applicable statutory filing requirements, this dapartment of State's records.	nte will not be listed as the
Adop	tion of Amendment(s)	( <u>CHECK ONE</u> )	
	the amendment(s) was/were a as/were sufficient for approv	dopted by the members and the number of votes cast for the amenda at.	nent(s)
	here are no members or mem dopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/vors.	vere
	Dated September	23, 2017	
	Signature Ma	Via (Karnak)	<del></del>
	have not be	rman or vice chairman of the board, president or other officer-if dire en selected, by an incorporator – if in the hands of a receiver, trustee appointed fiduciary by that fiduciary)	
		Nadia Bernard	
		(Typed or printed name of person signing)	<del></del>
		President	
		(Title of person signing)	