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SECRETARY OF STATE

Α.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MARLIN DIVING	INSPECTION INC		
DOCUMENT NUMB	BER: <u>P03000042232</u>			
The enclosed Articles	The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:		
	Sheryl S. Rice			
		Name of Contact Person	า	
	Marlin Operations			
•	Firm/ Company			
	15802 SW 200 ST			
-	Address			
	MIAMI, FL 33187			
•	MIMM, 112 33161	City/ State and Zip Code	<u> </u>	
	AP@MARLINENGINEERI	NG.COM		
	E-mail address; (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Carolina Bayona		at (<u>305</u>) 477-7575	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	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)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divis P.O.	ing Address Indment Section It is a common of Corporations Box 6327 Industrial industria	Amend Divisio The Co	Address ment Section of Corporations entre of Tallahassee V. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

MARLIN DIVING INSPECTION INC	2021 JAN 22 PM 4: 02
(Name of Corporation as curr	ently filed with the Florida Dept. of State)
MARLIN DIVING INSPECTION INC PO30000	SECRETARY OF STATE 742232 TALLAHASSEE, FL
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>ı:</u>
MARLIN OPERATIONS INC	The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P	'. A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	6840 NW 77th CT
	MIAMI, FL 33168
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	15802 SW 200 ST
	MIAMI, FL 33187
D. If amending the registered agent and/or registered office a new-registered agent and/or the new registered office add	
Name of New Registered Agent	
(Florida	a street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag	
I hereby accept the appointment as registered agent. I am famili	iar with and accept the obligations of the position.
Signature of Ne	w Registered Agent, if changing

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)

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 of the Company of th

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	PT John	Doe		
X Remove	<u>v</u> <u>Mike</u>	Jones		
X Add	<u>SV</u> Sally	Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change		\		
Add				
Remove				
2) Change				
Add				
Remove Change			\	
Add				
Remove				
4) Change				
Add				
Remove			\	
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s)	<u>here</u> :
(Attach additional sheets, if necessary). (Be specific)	
	
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If an amendment provides for an exchange, reclassification	, or cancellation of issued shares,
provisions for implementing the amendment if not contain	tea in the amenament itself:
(if not applicable, indicate N/A)	
	<u> </u>

The date of each amendment(s) adoption date this document was signed.	n:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this block document's effective date on the Department	oes not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted b action was not required.	y the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were adopted b by the shareholders was/were sufficien	y the shareholders. The number of votes cast for the a t for approval.	mendment(s)
• •	by the shareholders through voting groups. The follow oting group entitled to vote separately on the amendm	• 7
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
selected, by a	president or other officer – if directors or officers have incorporator – if it the hands of a receiver, trustee, officiary by that fiductary)	
RAM	ON SORIA	
	(Typed or printed name of person signing)	
OWN	ER/PRESIDENT	
	(Title of person signing)	