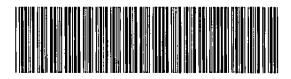


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Sea Me Dive, Inc.		
DOCUMENT NUM	BER: P04000074829		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Alon Beilis		
		Name of Contact Person	n
	Sea Me Dive, Inc.		
		Firm/ Company	
	2400 SW 44th Terrace	. miz company	
		Address	
	Fort Lauderdale, FL 33317		
		City/ State and Zip Cod	e
offic	e@scamedive.nct		,
	~	sed for future annual report	<u> </u>
For further informatio	on concerning this matter, pleas		296-4784
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	urtment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations		Ameno Divisio	Address Iment Section on of Corporations Building
P.O. Box 6327 Tallahassee, FL 32314			xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Sea Ivie Dive, Inc.	.1 .44 . 2 . 2.1 . 4 . 421 . 1	B #0(1)	
(Name of Corporation as curre	ntly filed with the Florida	Dept. of State)	
P04000074829			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006. Florida Statutes, thits Articles of Incorporation:	is <i>Florida Profit Corporat</i>	ion adopts the fol.	owing amendment(s)
A. If amending name, enter the new name of the corporation:			The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation	"Co". A professional co		he abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		4	2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4	FILED STATES
O. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre		e name of the	
Name of New Registered Agent	<u> </u>		· · · · ·
(Florida .	street address)		
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Registered Ages I hereby accept the appointment as registered agent. I am familia		ations of the posi	ion.
Signature of Man	Registered Agent, if chans	aina	

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	PT	John Doe	
X Remove	V	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	P	Alon Beilis	2400 SW 44th Terrace
Add			Fort Lauderdale, FL
Remove			33317
2) Change		-	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			•
5) Change			
Add			
Remove			
5) Change			
Add			
Remove			

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

Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement 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	
<u> </u>	(voting group)
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
October 15. Dated Signature (By a d	trector, president or other officer – if directors or officers have not been
şclejde	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
•	Orit Beilis
	(Typed or printed name of person signing)
	Vice President
	(Title of person signing)