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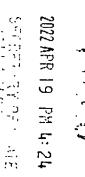
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: Sky Marine, inc.			:0
DOCUMENT NUMBER: P05000117184				超
	cles of Amendment and fee are su	bmitted for filing.		[1] [1]
Please return all c	orrespondence concerning this ma	tter to the following:		\$20 1900
	John M. Bernazzoli, Esq.			, Filth
		Name of Contact Person	1	- 끝:
	Law Offices of John M. Bern	azzoli		• • •
		Firm/ Company		-
	2734 Polk Street, Suite H			
		Address		_
	Hollywood, FL 33020	•		_
		City/ State and Zip Code	e	
	JBEZL@AOL.COM			
	E-mail address: (to be u	sed for future annual report	notification)	
For further inforn John M. Bernazzo	nation concerning this matter, plea		923-9700	
Name of Contact Person		Area Co) 923-9700 de & Daytime Telephone Numbe	er
Enclosed is a chec	ck for the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fe	e □\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Articles of Amendment to Articles of Incorporation of

Sky Marine, Inc.			<u> </u>
(Name o	f Corporation as currently	filed with the Florida Dept. of State	
P05000117184			AP AP
	(Document Number of	Corporation (if known)	19
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this A	Florida Profit Corporation adopts the	following amendmen
A. If amending name, enter the new na	ame of the corporation:		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cohartered," "professional association,"	Corp," "Inc," or "Co". A	company," or "incorporated" or the ab professional corporation name mus	breviation "Corp.," t contain the word
		2265 Nova Village Drive	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Davie, FL 33317	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2265 Nova Village Drive	
		Davie, FL 33317	
D. If amending the registered agent an new registered agent and/or the ne	nd/or registered office add w registered office address	ress in Florida, enter the name of the	:
Name of New Registered Agent	Pedro L. Calle		
Name of New Negistered Agem	2265 Nova Village Drive		
		eet address)	
New Registered Office Address:	Davie		33317
New Negative Confeet Insurem.		(City)	(Zip Code)
New Registered Agent's Signature, if a large lar	thanging Registered Agent tered agent. I am familiar	: with and accept the obligations of the p	oosition.
	Signature of New I	egistered 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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PD	Rodolfo Charry	410 SW Jeanne Avenue
Add			Port St Lucie, FL 34953
X Remove 2) Change	T.	Yilma Elia Charry	410 Jeanne Avenue
Add	_		Port St Lucie, FL 34953
X Remove	PD	Pedro L. Calle	2265 Nova Village Drive
X Add			Davie, FL 33317
Remove	VT	Angie Calle	2265 Nova Village Drive
4) Change Add			Davie, FL 33317
Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

amending or adding additional Art ttach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares, sendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	enginent it not contained in the amendment users.
(, , , , , , , , , , , , , , , , , , ,	
	

The date of each amendment(s) a	doption:	, if other than the
fate this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amend	ment file date
	(no more than 40 days after amena	ment file dates
Note: If the date inserted in this locument's effective date on the D		g requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors v	vithout shareholder action and shareholder
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cufficient for approval.	east for the amendment(s)
	proved by the shareholders through voting groups each voting group entitled to vote separately on	
"The number of votes cas	for the amendment(s) was/were sufficient for ap	proval
by		
·	(voting group)	
March 31,	2022	
DatedSignature	Redro Calle.	
	firector, president or other officer – if directors or ed, by an incorporator – if in the hands of a receiv	
	ted fiduciary by that fiduciary)	er, aumee, or other court
	Pedro L. Calle	
	(Typed or printed name of person sig	ning)
	President/Director	
	(Title of person signing)	