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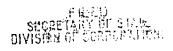
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: LA ROSA NAUT	ICA, INC.		
DOCUMENT NUMBER	R:			
	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ndence concerning this ma	tter to the following:		
		GUIDO SANCHEZ		
		Name of Contact Person	n	
	LA ROSA NAUTICA, INC.			
		Firm/ Company		
	515 NE 20TH STREET			
		Address		
		BOCA RATON, FL 33	431	
		City/ State and Zip Cod	e	
	LARO	SANAUTICA01@GMAII	COM	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information of GUIDO SANCHEZ	oncerning this matter, pleas	se call: at (561	296-1413	
Name of 0	Contact Person	at (Area Co	de & Daytime Telephone Number	
Enclosed is a check for the	ne following amount made	payable to the Florida Dep	-	
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy	
		enclosed)	(Additional Copy is enclosed)	

Articles of Amendment to Articles of Incorporation of



LA ROSA NAUTICA, INC.

15 SEP 15 AM 9: 00

(Name of Corporation as currently filed with the Florida Dept. of State)

P0600	00/8602	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment	
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
D. F-4	515 NE 20th Street	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33431	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2234 North Federal Highway #309 Boca Raton, FL 33431	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address		
Nume of New Negimerea Agent		
(Florida :	street address)	
Non Projection I Office Address.	Florido	
New Registered Office Address:	(City), Florida, Florida(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia		
St	Politary if the single	

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 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	<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>	<u>Addres</u> s
1) Change	VP	ROSA M SMITH	548 BRITTANY L
Add			DELRAY BEACH, FL 33446
X Remove			
2) Change	S	ROSA M SMITH	548 BRITTANY L
Add			DELRAY BEACH, FL 33446
X Remove			
3) Change	VP	MARIANNA POLASTRY	3740 INVERRARY DRIVE
X Add			# 2F
Remove			LAUDERHILL, FL 33319
4) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
n'	
. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
GUIDO SANCHEZ 50% SHARES	
MARIANNA POLASTRY 50% SHARES	
	·
A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	

	09/04/2015	
The date of each amendment(s) adoptio	n:	, if other than the
date this document was signed.		
09/04/201	5	Second to the Live
Effective date if applicable:		DIVISIAN ACTION OF THE
	(no more than 90 days after amendment file	date)
	,	•
Note: If the date inserted in this block of document's effective date on the Departm	does not meet the applicable statutory filing requirement of State's records.	ments, this date will not be listed as the 00
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the nt for approval.	amendment(s)
	by the shareholders through voting groups. The following group entitled to vote separately on the amend	
"The number of votes cast for the	e amendment(s) was/were sufficient for approval	
by	SHAREHOLDER	
•	(voling group)	
☐ The amendment(s) was/were adopted by action was not required.	by the board of directors without shareholder action a	and shareholder
☐ The amendment(s) was/were adopted by action was not required.	by the incorporators without shareholder action and s	hareholder
09/04/2015 Dated		
Signature /	unto	
(By a directed	r. president or other officer - if directors or officers h	nave not been
selected, by	in incorporator - if in the hands of a receiver, trustee	, or other court
	luciary by that fiduciary)	
	•	
	GUIDO SANCHEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	