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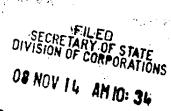
SECRETARY OF STATE SECRETARY OF CORPORATIONS OF CORPORATIONS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>D2 BLUEV</u>	WATER SOLUTIONS IN	<u>C</u>
DOCUMENT NUMBER: P0700001	1376	
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning th	nis matter to the following:	
	IARIA KIESLING of Contact Person)	,
(Haile	or contact reison)	
JAM ⁻	TAX & CONSULTING INC	
	irm/ Company)	
1379	5 GATEWAY BLVD	
	(Address)	
	ON BEACH, FL 33426 State and Zip Code)	
For further information concerning this matter	·	
MARIA KIESLING	at (561)_880-292	5
(Name of Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check for the following amount i	made payable to the Florida De	partment of State:
\$35 Filing Fee \$\bigsiz \$43.75 Filing Fee \$\bigsiz 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of



	ATER SOLUTIONS INS rently filed with the Florida Dept.	of State)
•	7000011376	<u> </u>
•	mber of Corporation (if known)	
Pursuant to the provisions of section 607.10 following amendment(s) to its Articles of Inco		Profit Corporation adopts the
A. If amending name, enter the new name of	of the corporation:	
D2 MARINE SOLUTIONS INC		
The new name must be distinguishable of "incorporated" or the abbreviation "Corp.," "Co". A professional corporation nan association," or the abbreviation "P.A."	" "Inc.," or Co.," or the designat	tion "Corp," "Inc," or
B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STRE</u>)		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
D. If amending the registered agent and/or new registered agent and/or the new reg		a, enter the name of the
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registere position.		accept the obligations of the
	Signature of New Registered Agent,	if changing

The date of each amendment(s) adoption: 11 - 4 - 0 8
Effective date if applicable:	11 - 4 - 08 (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
•	
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(1	voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	11-4-08
Signature	aniel Mastropino
	director, president or other officer – if directors or officers have not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	TANIEL MASTROPIERRO (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	PRESIDENT
•	PRESIDENア (Title of person signing)