

| (Re                                     | questor's Name)   |             |  |  |
|---|-------------------|-------------|--|--|
| (Address)                               |                   |             |  |  |
| (Ad                                     | dress)            |             |  |  |
| (Cit                                    | y/State/Zip/Phone | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |
| (Business Entity Name)                  |                   |             |  |  |
| (Document Number)                       |                   |             |  |  |
| Certified Copies                        | _ Certificates    | s of Status |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |
|   |                   | :           |  |  |
|   |                   |             |  |  |
| :                                       |                   |             |  |  |
|   |                   |             |  |  |

Office Use Only



000299978550

06/05/17--01029--015 \*\*35.00

And

JUN 08 2017

R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORA               | Atlas Marine Inter   | national, Inc.   |  |  |  |
|-------------------------------|--|--|--|--|--|
| P08000013351 DOCUMENT NUMBER: |  |  |  |  |  |
| The enclosed Articles of      | Amendment and fee are su   | ibmitted for filing.   |  |  |  |
| Please return all correspond  | ondence concerning this ma   | tter to the following:   |  |  |  |
| н                             | Heidi Uuranniemi   |  |  |  |  |
| _                             | Name of Contact Person   |  |  |  |  |
| 70                            | 534 NW 6th Ave.  | Firm/ Company  | <del> </del>   |  |  |
| —<br>В                        | Address Boca Raton, FL 33487   |  |  |  |  |
| <del></del>                   | - Win - 1/4  | City/ State and Zip Code   | <del>•</del>   |  |  |
| heidi52                       | 2@hotmail.com  |  |  |  |  |
|                               | E-mail address: (to be us  | sed for future annual report                                       | notification)  |  |  |
| For further information of    | oncerning this matter, pleas   | se call:   |  |  |  |
| Heidi Uuranniemi              |  | 561<br>at (  | 994-0280   |  |  |
| Name of                       | Contact Person   |  | de & Daytime Telephone Number  |  |  |
| Enclosed is a check for t     | ne 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) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |  |
| Ameno<br>Divisio<br>P.O. B    | g Address<br>Iment Section<br>on of Corporations<br>ox 6327<br>assee, FL 32314 | Amend<br>Divisio<br>Clifton<br>2661 E                              | Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301  |  |  |

## **Articles of Amendment** to

17 JUH -5 PM 1:54

Articles of Incorporation

Atlas Marine International, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P08000013351 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: \_ , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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) | Title     | <u>Name</u>    | <u>Addres</u> s                       |
| 1) Change                  | S         | Tuuli Kukkamaa | 1000 West Ave. #403                   |
| X Add                      |           |                | Miami Beach, FL 33139                 |
| Remove                     |           |                |                                       |
| 2) Change                  |           |                | ·····                                 |
| Add                        |           |                |                                       |
| Remove                     |           |                |                                       |
| 3 ) Change                 |           |                |                                       |
| Add                        |           |                |                                       |
| Remove                     |           |                | · · · · · · · · · · · · · · · · · · · |
| 4) Change                  |           |                |                                       |
| Add                        |           |                |                                       |
| Remove                     |           |                |                                       |
| 5) Change                  |           |                |                                       |
| Add                        |           |                |                                       |
| Remove                     |           |                |                                       |
| Kemove                     |           |                |                                       |
| 6) Change                  |           |                |                                       |
| Add                        |           |                | <u> </u>                              |
| Remove                     |           |                |                                       |

| If amending or adding additional Arti<br>Attach additional sheets, if necessary).                          | (Be specific)  |
|--|--|
|  |  |
|  |  |
| •  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| f an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, and and an analysis |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

| The date of each amendment(s) adoption:  | if other than th                        |
|--|---|
| Effective date if applicable:  |   |
| (no more than 90 days after amendment file da  | se)                                     |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirement of state's records.   | mts, this date will not be listed as th |
| Adoption of Amendment(s) (CHECK ONE)   |   |
| The amendment(a) was/were adopted by the shareholders. The number of votes cast for the a by the shareholders was/were sufficient for approval.  | mendment(s)                             |
| The amendment(s) was/were approved by the shareholders through voting groups. The follow<br>must be separately provided for each voting group entitled to vote separately on the amenda      |   |
| "The number of votes cast for the amendment(s) was/were sufficient for approval  |   |
| by   |   |
| The amendment(s) was/were adopted by the board of directors without shareholder action an action was not required.   | d shareholder                           |
| The amendment(s) was/were adopted by the incorporators without shareholder action and sha action was not required.  Dated  Signsture   |   |
| (By a director, president or other officer – if directors or officers ha<br>selected, by an incorporator – if in the hands of a receiver, trustee,<br>appointed fiduciary by that fiduciary) |   |
| Leif Linden  |   |
| (Typed or printed name of person signing)  |   |
| President  |   |
| (Title of person signing)  |   |