## P08000013351

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
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| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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## COVER LETTER

TO: Amendment Section Division of Corporations

| Division of Corpo  | rations                                     |   |  |
|--|---|---|--|
| NAME OF CORPOR   | Atlas Marine Inter                          | mational, Inc.  |  |
| DOCUMENT NUMB  | P08000013351<br>ER:                         |   | <del></del>  |
| The enclosed Articles of   | f Amendment and fee are su                  | abmitted for filing.  |  |
| Please return all corresp  | ondence concerning this ma                  | itter to the following:   |  |
| J  | Heidi Uurunniemi                            |   |  |
| -  |   | Name of Contact Persor  | 1  |
| -  |   | Firm/ Company   |  |
| -  | 76,34 NW 6th Ave.                           |   |  |
| 1  | Boca Raton, FL 33487                        | Address   |  |
| -  |   | City/ State and Zip Code  |  |
| heidi5.  | 22@hotmail.com                              |   |  |
|  | E-mail address: (to be u                    | sed for future annual report  | notification)  |
| For further information  | concerning this matter, plea                | se call:  |  |
| Heidi Uuranniemi   |   | 561<br>at (   | 994-0280   |
| Name of Contact Person   |   | Area Coo  | de & Daytime Telephone Number  |
| Enclosed is a check for  | the following amount made                   | payable to the Florida Depa   | rtment of State:   |
| ■ \$35 Filing Fee  | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>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<br>Divisio<br>Cliton<br>2661 E  | Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301  |

## **Articles of Amendment** Articles of Incorporation of



Atlas Marine International, Inc.

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

P08000013351

(Document Number of Corporation (if known)

ent(s) to

| (150cament Aumoer o   | a Corporation (it known)  |  |
|---|---|--|
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:   | Florida Profit Corporation adopts the following amenda  |  |
| A. If amending name, enter the new name of the corporation:   |   |  |
|   |   |  |
| name must be distinguishable and contain the word "corporation" (Corp., ""Inc., " or Co., " or the designation "Corp., ""Inc., " or word "chartered, ""professional association," or the abbreviation | on," "company," or "incorporated" or the abbreviatio<br>"Co". A professional corporation name must contain th |  |
| B. Enter new principal office address, if applicable:   | 941 NW 31st Avenue  |  |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )   | Pompano Beach, FL 33069   |  |
|   |   |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 941 NW 31st Avenue  |  |
|   | Pompano Beach, FL 33069   |  |
| D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address  |   |  |
| Name of New Registered Agent  |   |  |
|   | <u> </u>  |  |
| (Florida st   | reet address)   |  |
| New Registered Office Address:  | Florida   |  |
|   | (City) (Zip Code)   |  |
|   |   |  |
| New Registered Agent's Signature, if changing Registered Agent  | <u>:</u>  |  |
| 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.

| X Change                   | <u> 61.</u>  | John Doe       |                         |
|----------------------------|--------------|----------------|-------------------------|
| X Remove                   | <u>v</u>     | Mike Jones     |                         |
| X Add                      | <u>8V</u>    | Sally Smith    |                         |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u>    | <u>Addres</u> s         |
| X<br>1) Change             | PD           | Leif K. Linden | 941 NW 31st Avenue      |
| Add                        |              |                | Pompano Beach, FL 33069 |
| Remove                     |              |                |                         |
|                            |              |                |                         |
| 2) Change                  |              |                |                         |
| Add                        |              |                |                         |
| Remove                     |              |                |                         |
| 3 ) Change                 |              |                |                         |
| Add                        |              |                |                         |
| Remove                     |              |                |                         |
|                            |              |                |                         |
| 4) Change                  |              |                |                         |
| Add                        |              |                |                         |
| Remove                     |              |                |                         |
| 5) Change                  |              |                |                         |
| Add                        |              |                |                         |
| Remove                     |              |                |                         |
| Kenire                     |              |                |                         |
| 6) Change                  |              |                |                         |
| Add                        |              |                |                         |
| Remove                     |              |                |                         |

| If amending or adding additional Arti<br>Attach additional sheets, if necessary).                                | (Be specific)   |   |                 |
|--|---|---|-----------------|
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|  | <del> </del>  |   |                 |
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| f an amendment provides for an exch<br>provisions for implementing the amer<br>(if not applicable, indicate N/A) | ange, reclassification, or<br>ndment if not contained | cancellation of issued s<br>in the amendment itself | hares,          |
|  |   |   |                 |
|  |   |   |                 |
|  |   |   |                 |
|  | <u>.</u>  |   |                 |
|  |   |   |                 |
|  | <del></del>   |   |                 |

| The date of each amendment(s) adoption:  | , if other than the            |
|--|--------------------------------|
| date this document was signed.   |                                |
| Effective date if applicable:  |                                |
| Effective date if applicable: (no more than 90 days after amendment file date)   |                                |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.                                  | date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)   |                                |
| The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendmen<br>by the shareholders was/were sufficient for approval.  | ıt(s)                          |
| □ The amendment(s) was were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):     | ment                           |
| "The number of votes cast for the amendment(s) was/were sufficient for approval  |                                |
| by   |                                |
| (voting group)   |                                |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.  | lder                           |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.   |                                |
| Dated 9/20/2017  |                                |
| (By a Section president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other or appointed fiduciary by that fiduciary) | en<br>Ourt                     |
| Leif K. Lindon   |                                |
| (Typed or printed name of person signing)  |                                |
| President  |                                |
| (Title of person signing)  |                                |

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