P11000034046

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TALLERS SEE FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

. 3

NAME OF CORPO	ORATION:	OCEAN EUCLID INC.	
DOCUMENT NUM	1BER:	P11000034046	
The enclosed Article	es of Amendment and fee a	are submitted for filing.	
Please return all corr	respondence concerning the	is matter to the following:	
_	BF	RIAN DEL FIERRO	
	N	lame of Contact Person	
	BALV	WANT CHEEMA CPA	
		Firm/ Company	
	8301 NW 197TH ST		
		Address	
<u></u>		MIAMI, FL 33015	
•	C	lity/ State and Zip Code	
	E-mail address: (to be use	@BALCPA.COM d for future annual report notification)	
For further informati	on concerning this matter,	please call:	
BRIA	N DEL FIERRO	at (305)76	4-1073
Name of	f Contact Person	Area Code & Daytime Telep	phone Number
Enclosed is a check	for the following amount n	nade payable to the Florida Departn	nent of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Substituting \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment **Articles of Incorporation**

of

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

P11000034046

(Document Number of Corporation (if known)

211 MAY 25 AM 8: 42 Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

	N/A		The no
ame must be distinguishable and contain bbreviation "Corp.," "Inc.," or Co.," or to ame must contain the word "chartered," "p	the designation "C	Corp," "Inc," or "Co".	A professional corporation
3. Enter new principal office address, if a Principal office address <u>MUST BE A STRI</u>		N/A	
C. Enter new mailing address, if applicate (Muiling address MAY BE A POST OF)		N/A	
). If amending the registered agent and/o new registered agent and/or the new re			ter the name of the
new registered agent and/or the new re		aress:	
	K1/A		
Name of New Registered Agent:	N/A		_
		ida street address)	-
Name of New Registered Agent:	· (Flor	, 	
Name of New Registered Agent:		, 	, Florida ip Code)

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>VP</u>	MASSIMO NICASTRO	8301 NW 197TH ST MIAMI, FL 33015	
		·	П ъ
			— -
N/A	dditional sheets, if necessary). (Be sp		
provisio	nendment provides for an exchange, ons for implementing the amendment of applicable, indicate N/A)		
N/A			

The date of each amendmen	t(s) adoption: <u>05</u>	5/23/2011
Effective date <u>if applicable</u> :	05/23/2011	(date of adoption is required)
	(no more than 9	00 days after amendment file date)
Adoption of Amendment(s)	(<u>CH</u>	IECK ONE)
The amendment(s) was/we by the shareholders was/w		shareholders. The number of votes cast for the amendment(s approval.
		te shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amen	dment(s) was/were sufficient for approval
by		
	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the	board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the	incorporators without shareholder action and shareholder
Dated 05/2	23/2011	
Signature _	Dobork	Docella
sele		ent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		ROBERTO PATROCCHI
	(Туј	ped or printed name of person signing)
		PRESIDENT
	(Title of	f person signing)