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A: LETVIEUX

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: THE MANITIMUS INTERMUNDIL COMPANY
DOCUMENT NUMBER: P 12 0000 52959
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOEI A. RUTH - PRESIDENT
JOEI A. RUTH - PRESIDENT Name of Contact Person THE MARITIMUS INTERMUNDING Co. Firm/ Company 116 NINTH ALLENG Address TNDIAGANTIC FORIDA 32903
116 NINTH Queria
INDIACANTIC FURIDA 32903
City/ State and Zip Code
JRUTH 10249 @ AOC. GM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (321) 724-1950 Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section **Division of Corporations** P.O. Box 6327 Tailahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

The Madians To	termundial Comp	2001
(Name of Corporation as currently filed with the Flor		<i>إ</i> دا أكب
P 120000 52959		
(Document Number of Corporation (if kr	nown)	-
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i>		a amendment(s) to
its Articles of Incorporation:	rtau rroju Corporation adopts the following	g amendment(s) w
A. If amending name, enter the new name of the corporation;	NIA	
	, , , , , , , , , , , , , , , , , , ,	_The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.A	". A professional corporation name must	
B. Enter new principal office address, if applicable:		•
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA	
		-
		-
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	NIA	
(Muning numers MAT BE A LOST OFFICE BOA)		-
		-
		-
D. If amending the registered agent and/or registered office address	s in Florida, enter the name of the	
new registered agent and/or the new registered office address:	,	
Name of New Registered Agent //	<u> </u>	
<u>-</u>		
(Florida street	address)	
New Registered Office Address:	, Florida	_
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:		<u>→</u> ≥0
I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.	HAR SALE
ν / β		
Signature of New Registered Age	ent, if changing	78 78 118 118 118 118 118 118 118 118 11
		3 35
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		= -

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 <math>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	PT	John Do	<u>oe</u>		
X Remove	Y	Mike Jo	ones		
X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change	D		BRYAN	STEINER	Address 10610 RHODE ISLAN AUE, BELTSWILLE
Add					BELTSVILLE
 Remove					MD 20705
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change		_			
Add					<u> </u>
Remove					
5) Change					
Add					
Remove					
6) Change		_			
Add					
Remove					

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nendment provides for an exchange, re	classification, or cancellation of issued shares, if not contained in the amendment itself:
not applicable, indicate N/A)	if not contained in the amendment users.

	1 / _
	γ

•	Jan Jan	
The date of each amendment(s) a	doption:	_, if other than the
date this document was signed.	gar	
Effective date if applicable:	03-20-20141	
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	03-20-2014	
Signature	Du a Mill	_
selecte	frector, 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 ated fiduciary by that fiduciary)	
	JoeL. A. RUTH	···
	(Typed or printed name of person signing)	
	Title of person signing)	_