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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: SUNSHINE AQU	ACULTURE IMPROVEM	ENT, INC.	_		
DOCUMENT NUMBI	ER:			_		
The enclosed Articles o	f Amendment and fee are su	ibmitted for filing.		!		
Please return all corresp	ondence concerning this ma	tter to the following:				
		YURAIME FERNANDEZ	Z			
_		Name of Contact Person	n			
	ALVAREZ	TAGLE FINANCIAL SER	VICES INC			
						
Firm/ Company 15511 SW 152 LANE						
_	Address					
	MIAMI, FL 33187					
_		City/ State and Zip Cod	e			
		yurita768@hotmail.com	n			
	E-mail address: (to be u	sed for future annual report	notification)	-		
For further information	concerning this matter, pleas	se call:] 		
YURAIME FE	ERNANDEZ	786 at (545-6693			
Name of	Contact Person	Area Co	de & Daytime Telephone Nu	ımber		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)	÷		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SUNSHINE AQUACULTURE IMPROVEMENT, INC.

(Name of Corporation as currently	filed with the Florida Dept. of State)	
(Document Number of C	Corporation (if known)	<u> </u>
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendm	ent(s) t
A. If amending name, enter the new name of the corporation:		
	Tt	Ţ
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain th	
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		i
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		سبيد ا
	100 mm	1
	2	1
	Xing w	1
D. If amonding the registered egent and/ou registered office add-	The state of the s	2
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent		Ī
(Florida stree	et address)	
New Registered Office Address:	, Florida	
(0	City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accent the obligations of the position	
. nervoy accept the appointment as registered agent. I am juminar wi	in and accept the omigations of the position.	
Signature of New Reg	gistered Agent, if changing	

ddress of each Officer a Attach additional sheets, Please note the officer/dir P = President; V = Vice I executive Officer; CFO = weld. President, Treasurer Changes should be noted	and/or D if necess sector title resident Chief I r, Directo in the for	irector be ary) e by the fil ; T= Trea Financial or would b llowing mo orporation	rst letter of the office title: surer; S= Secretary; D= Director; TR= Ti Officer. If an officer/director holds more t e PTD. anner. Currently John Doe is listed as the t 1, Sally Smith is named the V and S. These s	rustee; C = Chairman o han one title, list the fi PST and Mike Jones is l	or Clerk; CEO = C rst letter of each of listed as the V. Ther	Thief ffice re is
Example: X Change	<u>PT</u>	John Do				
X Remove	<u>v</u>	Mike Joi			' 	
X Add	<u>sv</u>	Sally Sm				
Type of Action Check One)			<u>Name</u>	<u>Addres</u> s		
) Change	T		ALEXANDER MURGA	21701 SW 194 AVE	,	
X Add		_		MIAMI, FL 33187		
Remove						
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nendment provides for an exchange, reclassification, or cancellation of issued shares ions for implementing the amendment if not contained in the amendment itself: fnot applicable, indicate N/A)	<u>S.</u>
	
	
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	<u> </u>
	I.
	<u> </u>

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	[
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 date will document's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	1
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	1
Dated 7-1-1711 A	
Dated / The state of the state	1
Signature	i
Signature(By a director, president or other officer if directors or officers have not been	
selected, by an incofporator — if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
HUBERTY HERNANDEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	i