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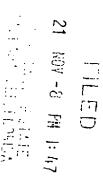
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T. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CORPO	DRATION: SUNSHINE AQU	IACULTURE IMPROVEM	IENT, INC.
DOCUMENT NUM	1BER: P12000064540		
The enclosed Article	s of Amendment and fee are se	ibmitted for filing.	
Please return all corr	espondence concerning this ma	ntter to the following:	
	HERNANDEZ, HUBERTY		
	Name of Contact Person		
	SUNSHINE AQUACULTURE IMPROVEMENT, INC.		
	Firm/ Company		
	21701 SW 194 AVE	, ,	
		Address	
	MIAMI, FL 33170		
		City/ State and Zip Cod	e
	yurita768@hotmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, plea		545-6693
Name of Contact Person		at (Area Co) 545-6693 de & Daytime Telephone Number
Enclosed is a check f	or the following amount made		
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address			Address
Amendment Section Division of Corporations		Amendment Section	
P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SUNSHINE ACHACHITHRE IMPROVEMENT INC

(Name of Corp	poration as currently filed with the Florid	a Dept. of State)
46-0634781		
1)	Document Number of Corporation (if knows	n)
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this <i>Florida Profit Corpora</i>	ntion adopts the following amendment(s) t
A. If amending name, enter the new name of	the corporation:	
NA		The new
name must be distinguishable and contain the wo "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc," or "Co". A professional corpora	
B. Enter new principal office address, if appl Principal office address <u>MUST BE A STREE</u> T		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFIC	<u>E_BOX</u>)	
		-
	•	. 10
D. If amending the registered agent and/or re	egistered office address in Florida, enter t	the name of the A.
new registered agent and/or the new registered		
Name of New Registered Agent		
Same of New Registered Agent	· -· -	
	(Florida street address)	
New Registered Office Address:		. Florida ==
	(City)	Zip Code)
New Registered Agent's Signature, if changin	g Registered Agent:	
hereby accept the appointment as registered as	gent. I am familiar with and accept the obli	igations of the position.
	Signature of New Registered Agent, if char	
	задишие ој мем педметей муст, јј спаг	iging
Check if applicable		
☐ The amendment(s) is/are being filed pursuant	to s. 607.0120 (11) (e), F.S.	

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)

Example:

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>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	ALFONSO, SAUL	19055 SW 216 STREET
Add			MIAMI, FL 33170
X Remove			
2) X Change	CEO	HERNANDEZ, HUBERTY	21701 SW 194 AVE
Add			MIAMI, FL 33170
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

(Attach additional shee) Distribution of ownership	ts, if necessary). (Be spec of all class of stocks will be	
Name	Title	Ownership Percentage
Hernandez, Huberty	CEO/President	100%
		
		
_		
F. If an amendment provisions for impler (if not applicable,	nenting the amendment if	assification, or cancellation of issued shares, not contained in the amendment itself:
	·	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	date)
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing require Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sl	nareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for th sufficient for approval.	ne amendment(s)
	pproved by the shareholders through voting groups. The for or each voting group entitled to vote separately on the amen	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
11/03/20. Dated		
selec	directors or officer – if directors or officers ted, by an incorporator – if in the hands of a receiver, trusted inted fiduciary by that fiduciary)	have not been
	HUBERTY HERNANDEZ	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	