| (Requestor's Name)                      |           |  |  |
|---|-----------|--|--|
| (Address)                               |           |  |  |
| (Address)                               | <u> </u>  |  |  |
| (City/State/Zip/Phone                   | #)        |  |  |
| PICK-UP WAIT                            | MAIL      |  |  |
| (Business Entity Nam                    | ne)       |  |  |
| (Document Number)                       |           |  |  |
| Certified Copies Certificates           | of Status |  |  |
| Special Instructions to Filing Officer: |           |  |  |
|   |           |  |  |
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Office Use Only



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OCT 23 2013 T. CARTER

# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: BLUE MAR  | RINE SHIPPING  | CORP   |
|--|--|--|
| DOCUMENT NUMBER: P1300002418   | 6  |  |
| The enclosed Articles of Amendment and fee are su  |  |  |
| Please return all correspondence concerning this ma  | tter to the following:   |  |
| Jose L Almarales   | <b>;</b>   |  |
| <del></del>  | Name of Contact Persor   | 1  |
| Professional Serv  | vices Bookkeepi  | ng Inc.  |
|  | Firm/ Company  |  |
| 736 NW 22nd Av   | е  |  |
|  | Address  |  |
| Miami, FI 33125  |  |  |
|  | City/ State and Zip Code   | 2  |
| jose@professionalse  | ervicesmiami.cor   | n  |
| E-mail address: (to be us  | sed for future annual report                                       | notification)  |
| For further information concerning this matter, please   | se call:   |  |
| Jose L Almarales   | at (305  | 642-3000   |
| Name of Contact Person   |  | de & Daytime Telephone Number  |
| Enclosed is a check for the following amount made  | payable to the Florida Depa  | ertment of State:  |
| ■ \$35 Filing Fee  | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fec 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>Clifton<br>2661 E                              | Address ment Section on of Corporations Building executive Center Circle essee, FL 32301 |

### Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE TALLAUM SEEL FLORIDA

13 OCT | | AM | |: 4 |

to

## BLUE MARINE SHIPPING CORP

| (Name of Corporation as currentl   | <del>.</del>           | rida Dent of State)   |
|--|------------------------|---|
| P1300024186  | y med with the rio     | Tun Dept. VI State  |
| (Document Number   | r of Corporation (if k | nown)   |
| Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation:  | rida Statutes, this Fi | orida Profit Corporation adopts the following amendment(s)  |
| A. If amending name, enter the new name of the   | e corporation:         |   |
|  | ·····                  | The new   |
| name must be distinguishable and contain the v<br>"Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or | orp," "Inc." or "Ce    | " "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the A." |
| B. Enter new principal office address, if applica  | if applicable:         | 910 E 14 St.  |
| (Principal office address <u>MUST BE A STREET A</u>  |                        | Hialeah, FI 33010   |
|  |                        |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |                        | 736 NW 22nd Av  |
|  |                        | Miami, FL 33125   |
|  |                        |   |
| D. If amending the registered agent and/or reginew registered agent and/or the new registered.   | red office address:    | s in Florida, enter the name of the   |
| Name of New Registered Agent   | L Almarales            |   |
| 736 (  | NW 22nd Av             |   |
| Varu Basistanad Office Address Miam  | (Florida stree<br>Ni   |   |
| New Registered Office Address: What  | (City)                 | Florida 33125 (Zip Code)  |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen   |                        | th and accept the obligations of the position.  |
| Signature o  | f New Registered Ag    | ent, 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 <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 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   |  |
| () Change                  | Р            | STIRLIZT REYES         | 1050 E 9th St     |  |
| Add                        |              |                        | Hialeah, Fl 33010 |  |
| Remove                     |              |                        |                   |  |
| 2) Change                  | Pt           | Eileen Canizares Perez | 910 E 14 St.      |  |
| Add                        |              |                        | Hialeah, FL 33010 |  |
| Remove                     |              |                        |                   |  |
| 3) Change                  |              |                        | -                 |  |
| Add                        |              |                        | <del></del> .     |  |
| Remove                     |              |                        |                   |  |
| 4) Change                  |              |                        |                   |  |
| Add                        |              |                        | *****             |  |
| Remove                     |              |                        |                   |  |
| 5) Change                  |              |                        |                   |  |
| Add                        |              |                        |                   |  |
| Remove                     |              |                        | <del> </del>      |  |
| 6) Change                  |              |                        |                   |  |
| Add                        |              |                        |                   |  |
|                            |              |                        |                   |  |
| Remove                     |              |                        |                   |  |

| f amending or adding additional Arti<br>Attach additional sheets, if necessary). | (Be specific)  |
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| f an amendment provides for an exch  | hange, reclassification, or cancellation of issued shares, |
| (if not applicable, indicate N/A)  | endment if not contained in the amendment itself:          |
|  |  |
|  |  |
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| The date of each amendment(s) adoption                                       | . 10/08/2013  | , if other than the |
|--|---|---------------------|
| date this document was signed.   |   |                     |
| Effective date if applicable: 10/08/20                                       |   |                     |
|  | (no more than 90 days after amendment file date)  |                     |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )  |                     |
| The amendment(s) was/were adopted by by the shareholders was/were sufficient | the shareholders. The number of votes cast for the amendment(s) for approval.   |                     |
|  | by the shareholders through voting groups. The following statement of our group entitled to vote separately on the amendment(s):                                  |                     |
| "The number of votes cast for the  | amendment(s) was/were sufficient for approval   |                     |
| by   | "   |                     |
|  | (voting group)  |                     |
| The amendment(s) was/were adopted by action was not required.                | the board of directors without shareholder action and shareholder   |                     |
| The amendment(s) was/were adopted by action was not required.                | the incorporators without shareholder action and shareholder  |                     |
| Dated_10/08/2013   |   |                     |
| Signature STIRLIZT   | REYES & (Louis)   |                     |
| (By a director, selected, by an  | president or other officer if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court iciary by that fiduciary) |                     |
| STIR   | LIZT REYES  |                     |
| <del></del>  | (Typed or printed name of person signing)   | <del>_</del>        |
| Presi  | dent  |                     |
|  | (Title of person signing)   | <u> </u>            |