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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	MSC CROCIERE	SA CO			
DOCUMENT NUMB	P14000067946				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Rafaela Castells				
-		Name of Contact Persor	1		
	Maltzman & Partners, P.A.				
	55 Miracle Mile, Suite 300	Firm/ Company			
•	Coral Gables, FL 33134	Address			
-		City/ State and Zip Cod	e		
oren.g	ulasa@msccruisesusa.com	, ,			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se cali:			
Rafaela Castells		305	779-5665 x103		
Name o	f Contact Person	Area Co	Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
S35 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

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## MSC CROCIERE SA CO

( <u>Name o</u>	f Corporation as currentl	y filed with the Florida Dep	t. of State)	
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607 1 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation &	dopts the followin	g amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
MSC Cruises SA Co				The new
name must be distinguishable and cont "Corp," "Inc.," or Co.," or the design word "chartered," "professional associat	ation "Corp," "Inc," or "	Co". A professional corport P.A."		 bbreviation
B. Enter new principal office address, i (Principal office address MUST BE A ST		N/A 		
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C)  D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	OFFICE BOX)  Alor registered office add		me of the	
				_
<u>New Registered Office Address:</u>	(Florida str N/A	eet address)	. Florida	
		(City)	(Zip	Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	ered agent. I am familiar (	i with and accept the obligation Registered Agent, if changing	SECRETARY OF SECRETARIES	FIED

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 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	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			4,494.000.000.000
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			-
4) Change			
Add			
Remove			V-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
5) Change			
Add			
Remove			
6) _ Change			
Add			
Remove			

E. If amending or adding additional Articles, enter changets) here: (Attach additional sheets, if necessary). (Be specific)
N/A
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares.
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, Indicate NIA)
N/A
<u>_</u>

01/01/2018 The date of each amendment(s) adoption: \_ \_\_ . if other than the 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 not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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): "The number of votes cast for the amendment(s) was/were sufficient for approval 🔳 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. Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Richard Sasso (Typed or printed name of person signing) Director (Title of person signing)