P140000944890

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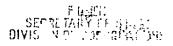
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Seemann Y CIA L	TDA USA, Corp.	
DOCUMENT NUM	BER: P14000094690		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Pablo M. Rodriguez		
		Name of Contact Persor	1
	Seemann Y CIA LTDA USA	, Corp.	
		Firm/ Company	
	10800 NW 97th Street - Suite	102	
		Address	
	Miami, Florida 33178		
		City/ State and Zip Code	
produ	riguez@seemanngroup.com		
-	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Pablo M. Rodriguez		at (305	733-4531
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	or 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)
Am Div P.C	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Seemann Y CIA LTDA USA, Corp.

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(Name of Corporation as curren	tly thed with the Florida Dept. of State)		
P14000094690			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this as Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)		
a. If amending name, enter the new name of the corporation:			
	The new		
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the		
Enter new principal office address, if applicable:			
Principal office address <u>MUST BE A STREET ADDRESS</u>)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 227476		
(Mauang udaress <u>MAT BE A POST OF FICE BOX</u>)	Miami, Florida 33222		
	Attn.: Pablo M. Rodriguez		
) If amounting the assistance of assistance of a second configuration of a second configuration of the second conf	duese in Elevida, entautha nome of the		
 If amending the registered agent and/or registered office address new registered agent and/or the new registered office address 			
Name of New Registered Agent			
rume of New Registered Agent			
(Florida s	treet address)		
New Registered Office Address:	, Florida (City) (Zip Code)		
ew Registered Agent's Signature, if changing Registered Agen			
hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.		
Signature of New	Registered Agent, 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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	P		Pablo M. Rodriguez	4702 SW 67th Avenue
XX Add				O-5
Remove				Miami, Florida 33155
2) Change		·		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add			,	
Remove				

ttach additional sheets, if necessary).	ticles, enter change(s) ho (Be specific)	 -		
				
		,		
an amendment provides for an exc	hange, reclassification,	or cancellation of issu	ed shares,	
orovisions for implementing the am (if not applicable, indicate N/A)	endment if not containe	d in the amendment it	self:	
-		····		
			, 1, 200 MARE	
			_	•

	t(s) adoption:	, if other than th
date this document was signed	l. September 1st, 2015	SECRETARY
Effective date <u>if applicable</u> :	(no more than 90 days after amendmen	DIVIS TO SEE WELL TO
	(no more inan 90 days after amename	15 SFP ~2 PM 12: 20
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing reche Department of State's records.	equirements, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast were sufficient for approval.	for the amendment(s)
	re approved by the shareholders through voting groups. The ed for each voting group entitled to vote separately on the	
	s cast for the amendment(s) was/were sufficient for approv	al
by	(voting group)	,,,
,	(voting group)	_
	re adopted by the board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action	and shareholder
Septe Dated Signature <	ember 1st, 2015	
(I s	By a director, president or other officer – if directors or off elected, by an incorporator – if in the hands of a receiver, to promoted fiduciary by that fiduciary)	
	Nelson I. Maldonado	
	(Typed or printed name of person signing	g)
	President	
	(Title of person signing)	