P15000030326

| (Re | equestor's Name) | | |
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| (Ad | dress) | | |
| (Ad | ldress) | | |
| (Cit | ty/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
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LANDERS FOR

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: | AGUA DE MA | AR INC. | | | |
|--|---|---|------------|--------|---|
| DOCUMENT NUMBER: | P15000030326 | | | | |
| The enclosed Articles of Amend | ment and fee are sub | omitted for filing. | | | |
| Please return all correspondence | concerning this mate | ter to the followin | ıg: | | |
| | | ARACELI ART | EAGA | | |
| | | Name of Conta | ict Persor | n | |
| | | AGUA DE MAR | R, INC. | | |
| Firm/ Company | | | | | |
| | 13475 NW 19th LANE | | | | |
| Address | | | | | |
| | | MIAMI, FL 3 | 33182 | | |
| | <u> </u> | City/ State and | Zip Code | e | |
| | a | arteaga@atlantic | oasst.net | | |
| E-ma | il address: (to be use | ed for future annu | al report | notifi | cation) |
| For further information concerning | ng this matter, please | e call: | | | |
| ARACELI ARTEAGA | | at { | 305 |) | 640 9883 Anytime |
| Name of Contact | Person | | Area Co | de & | Daytime Telephone Number |
| Enclosed is a check for the follow | ving amount made p | ayable to the Flor | rida Depa | ırtmer | nt of State: |
| - | 3.75 Filing Fee & tificate of Status | \$43.75 Filing Certified Cop (Additional co- enclosed) | у | (| S52.50 Filing Fee Certificate of Status Certified Copy Additional Copy is enclosed) |
| Mailing Address | | | Street | | |
| Amendment Section | | Amendment Section | | | |
| Division of Co. | | Division of Corporations Clifton Building | | | |
| P.O. Box 6327 Tallahassee, FL 32314 | | | | | ling ive Center Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

AGUA DE MAR INC.

| | ACON DE MEN, INC. |
|--|--|
| (Name of Corporation | as currently filed with the Florida Dept. of State) |
| | P15000030326 |
| (Documer | nt Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation: | Statutes, this Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corp | porațion: |
| N/A | The new |
| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab | "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: | N/A |
| (Principal office address <u>MUST BE A STREET ADDR</u> | (ESS) |
| | |
| | |
| C. Enter new mailing address, if applicable: | N/A |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | <u> </u> |
| | |
| | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered of | <u>l office address in Florida, enter the name of the</u> fice address: |
| N/A | |
| Name of New Registered Agent | |
| | (Florida street address) |
| | |
| New Registered Office Address: | , Florida (City) (Zip Code) |
| | (-17) |
| | |
| New Registered Agent's Signature, if changing Regist | |
| hereby accept the appointment as registered agent. I a | am familiar with and accept the obligations of the position. |
| | |
| | |
| Signati | ure 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 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 | PT Jo | ohn Doe | |
|----------------------------|--------------------|--------------------|--------------------|
| X Remove | <u>v</u> <u>w</u> | <u> 1ike Jones</u> | |
| X Add | <u>sv</u> <u>s</u> | ally Smith | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) Change | P | HUGO GONZALEZ | 13475 NW 19th LANE |
| Add | | | MIAMI, FL 33182 |
| X Remove | | | |
| 2) Change | P | EDUARDO ARREOLA | 13475 NW 19th LANE |
| X Add | | | MIAMI, FL 33182 |
| Remove | | | |
| 3) Change | VP | ARACELI ARTEAGA | 13475 NW 19th LANE |
| X Add | | | MIAMI, FL 33182 |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | • | |

| Attach additional shee | g additional Articles, enter change(s) here: ets, if necessary). (Be specific) |
|---|--|
| N | I/A |
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| | |
| f an amendment pro- provisions for imple (if not applicable | vides for an exchange, reclassification, or cancellation of issued shares, menting the amendment if not contained in the amendment itself: a, indicate N/A) |
| DISTRIBUTION OF S | HARES; |
| | EDIVADO ADDIOLA COM CIVADA |
| | EDUARDO ARREOLA 95% SHARES |
| | ARACELI ARTEAGA 5% SHARES |
| | |

| The date of each amendment(s) ad date this document was signed. | option: | , 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 b document's effective date on the De | lock does not meet the applicable statutory filing requirements, this does not meet the applicable statutory filing requirements, this does not meet the applicable statutory filing requirements, this does not meet the applicable statutory filing requirements, this does not meet the applicable statutory filing requirements, this does not meet the applicable statutory filing requirements, this does not meet the applicable statutory filing requirements, this does not meet the applicable statutory filing requirements. | late will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were ado by the shareholders was/were su | pted by the shareholders. The number of votes cast for the amendment fficient for approval. | (s) |
| ☐ The amendment(s) was/were app must be separately provided for | roved by the shareholders through voting groups. The following staten each voting group entitled to vote separately on the amendment(s): | <i>ient</i> |
| "The number of votes cast | for the amendment(s) was/were sufficient for approval | |
| by | , | |
| | (voting group) | |
| ☐ The amendment(s) was/were ado action was not required. | pted by the board of directors without shareholder action and sharehold | der |
| ☐ The amendment(s) was/were ado action was not required. | pted by the incorporators without shareholder action and shareholder | |
| MARCI Dated | H 27, 2018 | |
| Signature | Say | |
| (By a diselected | rector, presiden or other officer – if directors or officers have not beer I, by an incorporator – if in the hands of a receiver, trustee, or other coued fiduciary by that fiduciary) | |
| | ARACELI ARTEAGA | |
| | (Typed or printed name of person signing) | |
| | VP SCOP | |
| | (Title of person signing) | |