

| (Re | equestor's Name) | | | |
|--------------------------|--------------------|-----------|--|--|
| (Ac | ldress) | | | |
| (Ac | Idress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Name | e) | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | of Status | | |
| Special Instructions to | Filing Officer: | | | |
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Office Use Only



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And

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R. WHITE

15 AUG 17 AII 9: 28

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | ACUARIC | GROUP CORP | | | |
|--|-------------------------------|--|--|--|--|
| DOCUMENT NUMBER: | P15000035632 | | | | |
| The enclosed Articles of Amendmen | nt and fee are su | bmitted for filing. | | | |
| Please return all correspondence con | ncerning this ma | tter to the following: | | | |
| | | OSVALDO MARTINEZ | | | |
| | Name of Contact Person | | | | |
| | O&J PROFESSIONAL SERVICES INC | | | | |
| . | Firm/ Company | | | | |
| | 782 NW 42 AVE STE 433 | | | | |
| Address | | | | | |
| | MIAMI FL 33126 | | | | |
| | | City/ State and Zip Cod | <u> </u> | | |
| | OSVA | LDOEMARTINEZ@AOL | COM | | |
| E-mail a | ddress: (to be us | ed for future annual report | notification) | | |
| For further information concerning t | his matter, pleas | e call: | | | |
| OSVALDO MARTINI | EZ | at (305 | de & Daytime Telephone Number | | |
| Name of Contact Per | son | Area Co | de & Daytime Telephone Number | | |
| Enclosed is a check for the following | g amount made į | payable to the Florida Depa | ortment of State: | | |
| | 5 Filing Fee & cate 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 | | Amend Divisio Clifton | Address ment Section n of Corporations Building xecutive Center Circle | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

2.1150

| ACUARIO GROU | P CORP | 15 AUG 17 AM 51 28 | |
|---|------------------------------------|--|--|
| (Name of Corporation as curre | itly filed with the I | Florida Dept. of State) | |
| P150000 | 35632 | TALLATIASSEE, FLORIDA | |
| (Document Number | of Corporation (if k | cnown) | |
| ursuant to the provisions of section 607.1006. Florida Statutes, the Articles of Incorporation: | is <i>Florida Profit Co</i> | prporation adopts the following amendmen | |
| . If amending name, enter the new name of the corporation: | | | |
| . <u></u> | | The new | |
| name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation | "Co". A profession | or "incorporated" or the abbreviation | |
| . Enter new principal office address, if applicable: | 8001 SOUTH ORANGE BLOSSOM TRAIL | | |
| Principal office address <u>MUST BE A STREET ADDRESS</u>) | SPACE # 508 | | |
| | ORLANDO F | 1. 32809 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 8001 SOUTH | ORANGE BLOSSOM TRAIL | |
| | SPACE # 508 | | |
| | ORLANDO F | L 32809 | |
| If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre | | nter the name of the | |
| Name of New Registered Agent | | | |
| (C) . : 1. | treet address) | | |
| New Registered Office Address: | areet agaress) | . Florida | |
| The Meganeres Office Hudress. | (City) | (Zip Code) | |
| | | | |
| | • | | |
| ew Registered Agent's Signature, if changing Registered Agent | <u>it:</u> : with and accent th | a obligations of the position | |
| ereby accept the appointment as registered agent. I am familian | with and accept the | e obligations of the position. | |
| | | | |
| | | | |
| Nignature of New | Revisiered Agent i | t /ˈh/maua | |

If amending the Officer's 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 Doc | |
|----------------------------|--------------|---------------------------|-----------------------|
| X Remove | <u>v</u> | Mike Jones | |
| _X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) X Change | VP | ALEJANDRO M ESTELLER MEDI | 782 NW 42 AVE STE 433 |
| Add | | | MIAMI FL 33126 |
| Remove | | | |
| 2) Change | PT | JOSE GARCIA | 5002 SW 173 AVE |
| X Add | | | MIRAMAR FL 33029 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | _ | |
| Add | | | |
| Remove | | | |

| Attach additional sheets, if necessary). | icles, enter change() (Be specific) | <u> </u> | | |
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| f an amendment provides for an exchi provisions for implementing the amer | <u>ange, reclassificatio</u> idment if not conta | on, or cancellation ined in the amend | of issued shares, ment itself: | |
| .10 | | | | |
| (if not applicable, indicate N/A) | | | | |
| (if not applicable, indicate N/A) | · | | | |
| (if not applicable, indicate N/A) | | | | |
| (if not applicable, indicate N/A) | | | | |
| (if not applicable, indicate N/A) | | | | |
| (if not applicable, indicate N/A) | | | | |
| (If not applicable, indicate N/A) | | | | |
| (if not applicable, indicate N/A) | | | | |
| (if not applicable, indicate N/A) | | | | |

| The date of each amendment(s) adoption: | , if other than the |
|---|---------------------------|
| | |
| 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 document's effective date on the Department of State's records. | will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 | |
| by | |
| (voting group) | |
| ☐ 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. | |
| 08/13/2015 Dated | |
| Signature (deliver) West | |
| (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) | |
| ALEJANDRO M. ESTELLER MEDINA | |
| (Typed or printed name of person signing) | |
| VP | |
| (Title of person signing) | |