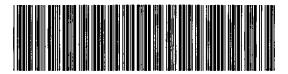
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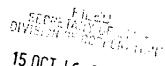
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

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NAME OF CORPORATION: UNITEC MAR	RINE INC					
<b>DOCUMENT NUMBER:</b>						
The enclosed Articles of Amendment and fee are su	bmitted for filing.					
Please return all correspondence concerning this ma	tter to the following:					
AIDA GARRIDO						
	Name of Contact Persor	1				
MERCY ACCOUNTING SY	MERCY ACCOUNTING SYSTEMS					
Firm/ Company						
11117 WEST OKEECHOBEE RD SUITE 117						
-	Address	·				
HIALEAH FLORIDA 33015	;					
	City/ State and Zip Code					
MGARRIDOMERCYACCOUN'	TING@OUTLOOK COM					
	sed for future annual report	notification)				
D 2007000 (10 00 00	ou ioi iuiui uiiiuu iopoit	,				
For further information concerning this matter, pleas	se call:					
AID A GARRIDO	205	,				
AIDA GARRIDO	at ( <u>305</u>	_) 322-9520				
Name of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:						
S35 Filing Fee S43.75 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	Amend Divisio Clifton 2661 E	Address ment Section of Corporations Building xecutive Center Circle ussee, FL 32301				

## Articles of Amendment to Articles of Incorporation of



15 OCT 16 PM 1: (Name of Corporation as currently filed with the Florida Dept. of State) UNITEC MARINE INC (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: 1540 NE 191 ST APT 221 (Mailing address MAY BE A POST OFFICE BOX) NORTH MIAMI BEACH, FL 33179 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: PABLO DUSCHATZKY Name of New Registered Agent 1540 NE 191 ST APT 221 (Florida street address) -NORTH MIAMI BEACH New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I 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 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	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	PABLO DUSCHATZKY	1540 NE 191 ST APT 221
X Add			NORTH MIAMI BEACH
· Remove			FLORIDA 33179
2) X Change	V	JONAS LINDKVIST	1600 SW 78 TH AVE APT 120
Add			PLANTATION, FL 33324
Remove			
3) X Change	Т	JENS OLSSON	1600 SW 78 TH AVE APT 120
Add		_	, PLANTATION, FL 33324
Add			
Kemove			<del> </del>
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

·
ange, reclassification, or cancellation of issued shares,
ndment if not contained in the amendment itself:

• • • •	OCTOBER 10, 2015	
The date of each amendment(s) adopted this document was signed.		, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depa	ek does not meet the applicable statutory filing requirements, this rement of State's records.	date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopte by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendment sient for approval.	ıt(s)
	yed by the shareholders through voting groups. The following state ch voting group entitled to vote separately on the amendment(s):	ment
"The number of votes east for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	ed by the board of directors without shareholder action and shareholder	lder
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder	อเงาะ <b>15</b>
10/10/2 Dated	015	OCT OCT
Signature	Tale Deor	16 P
(By a directed, by a directed, by a directed, by a directed, by a directed by a direct	etor, president or other officer – if directors or officers have not been yan incorporator – if in the hands of a receiver, trustee, or other confiduciary by that fiduciary)	
	PABLO DUSCHATZKY	
	(Typed or printed name of person signing)	
	PRESIDENT -	
	(Title of person signing)	\$\$\$\$\$\$\$\$