P15000094190

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	TheOne Marine C	iroup, Inc.	
DOCUMENT NUMI	P15000094190 BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Heidi Uuranniemi		
		Name of Contact Persor	1
	7634 NW 6th Ave.	Firm/ Company	
	Boca Raton, FL 33487	Address	
		City/ State and Zip Code	e
heid	i522@ hotmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, plea	se call:	
Heidi Uuranniemi		561 at (994-0280
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r 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)
Ame Divi P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

TheOne Marine Group, Inc.

(<u>Name of Corporatio</u> P[5000094190)	on as currently	filed with the Florida De	ept. of State)	
(Docum	ent Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this FI	orida Profit Corporation	adopts the foll	owing amendment(s) t
A. If amending name, enter the new name of the co TheOne Marine Inc.	rporation:			The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc.," "chartered," "professional association," or the abbrev	or "Co". A p			viation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>				
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO)</u>	<u>V</u>)			
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		s in Florida, enter the r	name of the	
Name of New Registered Agent			••	
	(Florida street	address)		
New Registered Office Address:	(C	ity)	Florida	(Zip Code)
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent. I	istered Agent: I am familiar wit	h and accept the obligati	ons of the posit	19 BC 20 H
Signal	ture of New Reg	istered Agent, if changing	7	.

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:

I' 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.

Evample: <u>X</u> Change	<u>PT</u>	John Doe	
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) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	
E. If amending or addin (Attach additional shee	ig addition	onal Articles, enter change(s) here: vessary). (Be specific)	

		
		- -
provisions for implementing the amend (if not applicable, indicate N/A)	ment if not contained in the amendment itself:	
		
		
		_ _
		_
	Page 3 of 4	
The date of each amendment(s) adoption: late this document was signed.		, if other than th
Effective date <u>if applicable</u> :	1 00 1 6 1 21 1	
	(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 o	f	Amend	ment(s)
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(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

b	·
	(voting group)
	endment(s) was/were adopted by the board of directors without shareholder action and shareholder was not required.
	endment(s) wastwere adopted by the incorporators without shareholder action and shareholder was not required.
	12/16/19
	Dated
	Signature Chock 80 10m
	(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)
	Tiia Weekstrom
	(Typed or printed name of person signing)
	President
	(Title of person signing)