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R. L. L.

COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: POSCIDON TRADE INC. DOCUMENT NUMBER: P10000 23440					
DOCUMENT NUMBER: //0000 23 44 0					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Elad Daniel					
Name of Contact Person					
Firm/ Company					
1959 Hunters of Address Wellington, FL, 33414 City/ State and Zip Code					
Address 7 2 2 1/1/1					
City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
E/nd Panie/ at (832) 490 4001 Name of Contact Person Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment Section					

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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Articles of Amendment to

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A	rticles of Incorporation	· r	•
	of		
	Trade Inc		
	n as currently filed with the Flor	rida Dept. of State)	
	0023440		
(Docume	ent Number of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.1006, Florida standards of Incorporation:	Statutes, this Florida Profit Corpo	oration adopts the foll	owing amendment(s) to
A. If amending name, enter the new name of the cor	poration:		
			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	"Inc," or "Co". A professiona		
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	(ESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	()		
	,		
		· · · · · · · · · · · · · · · · · · ·	
			
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		r the name of the	
Name of New Registered Agent		• · · · · · · · · · · · · · · · · · · ·	
	(Florida street address)		
New Registered Office Address:		, Flo ri da	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Regis	tered Agent:		
hereby accept the appointment as registered agent. I	am familiar with and accept the o	bligations of the posit	tion.

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:	че, ина жигу эти	n, .)v (25 an 7 au	
X Change	PT John	Doe	
X Remove	V Mike	Jones	
_X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name / /	Address
1)Change	P	Elad Daniel	230 TC Jesler Blr.
Add			# 423 Houston, TX, 77002
Remove			Houston, 1x, 17007
2) Change		otek Payut	uellington, FL, 37414
× Add		,	wellington, FL, 37414
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	dding additional Ar I sheets, if necessary).	. (Be specific)			
					
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lf an amendmen	t provides for an exc	hange reclassifica	tion or concellation	an of icened charec	
provisions for in	mplementing the am	endment if not con	tained in the amen	dment itself:	
(1) пог аррис	cable, indicate N/A)				
	 				
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	The date of each amendment(s) adoption:	_, if other than the
	date this document was signed.	
	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 will document's effective date on the Department of State's records.	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.	
velu	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.	
	Dated 3/23/12	
	Signature	
	(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)	_
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Prespient	
	(Title of person signing)	

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