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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 23 2017 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BLESSING MAR	LINE USA CORP	
DOCUMENT NUMBER: P17000032025		
The enclosed Articles of Amendment and fee are st	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
LUCIANE A COUTINHO	CAMILO	
	Name of Contact Persor	1
BLESSING MARINE USA	CORP	
	Firm/ Company	
644 NW 13TH STREET #2	2	
	Address	
BOCA RATON, FL 33486		
	City/ State and Zip Code	2
BLESSINGMARINE.USA@GM/	AIL.COM	
E-mail address: (to be u	sed for future annual report	notification)
For further information concerning this matter, plea	ise call:	
LUCIANE A COUTINHO CAMILO	at (214-5511
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee S43.75 Filing Fee See 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	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BLESSING MARINE USA CORP

BLESSING MAKINE USA CORP			
(Name of Corporation as curre	ntly filed with the Florida Dept. of State)		
P17000032025			
(Document Number	r of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	r "Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	644 NW 13TH STREET #22		
(Principal office address MUST BE A STREET ADDRESS)	BOCA RATON, FL 33486		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	644 NW 13TH STREET #22		
	BOCA RATON, FL 33486		
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office address	ddress in Florida, enter the name of the		
Name of New Registered Agent			
644 NW 13TH STREET	Γ#22		
(Florida	street address)		
New Registered Office Address: BOCA RATON	. Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	nt:		
Allele VI A Corr	wan 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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	P	LUCIANE A COUTINHO CAMILO	644 NW 13TH STREET #22
Add			BOCA RATON, FL 33486
Remove			
2) Change	VP_	IVAN NAPOLEAO DA SILVA	1435 BANYAN CIRCLE
X Add			POMPANO BEACH, FL 33069
Remove			
3) Change			
Add			
Remove			_
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets.	dditional Articles, en if necessary). (Be sp	ecific)			
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	-		 .		
f an amendment provid provisions for implemen	es for an exchange, r	eclassification, or ca	ncellation of issued	shares,	
(if not applicable, in	dicate N/A)	n not contained in t	ne amendment user	<u>1:</u>	
		<u> </u>			-
	- - -			-	
				· · · · · · · · · · · · · · · · · · ·	
					

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, document's effective date on the Department of State's records.	this date 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 amend by the shareholders was/were sufficient for approval.	lment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following smust 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	
hy'''	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	reholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated	t been
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	