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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	 BETAMARI'S. C 	ORP		
	170 0 0085677			
The enclosed Articles of Amer	ndment and fee are su	ibmitted for filing.		
Please return all correspondence concerning this matter to the following:				
GLAUG	CIA BASTOS			
		Name of Contact Person	n	
	<u> </u>	Firm/ Company		
1001 EAST SAMPLE ROAD 6E				
Address				
POMP/	POMPANO BEACH FLORIDA 33064			
		City/ State and Zip Cod	e	
ATENDIME	vт <mark>0</mark> @тнеткиsто	TRCLE.INFO		
E-1	nail address: (to be u	sed for future annual report	notification)	
For further information concer	ning this matter, plea	se call:		
GLAUCIA BASTOS		954 at (8647884	
Name of Conta	ct Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the fol	 lowing amount made 	payable to the Florida Depa	artment of State:	
	543,75 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 Street Address			
Amendment Section Amendment Section Division of Corporations Division of Corporations				
P.O. Box 63	3.1			
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle				
rananassec,	Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation

BETAMARIS, CORP			
	(Name of Corporation as currently	filed with the Florida Dept. of State)
P17000085677	İ		
	(Document Number of O	Corneration (if known)	
	(150cument Number of V	corporation (if known)	
Pursuant to the provisions of sect	ion 607.1006, Florida Statutes, this F	Clorida Profit Corporation adopts the f	ollowing amendment(s) to
its Articles of Incorporation:			
A. If amending name, enter the	leav name of the corporation:		•
A. It amending hame, enter the			
			The new
		""company," or "incorporated" or o". A professional corporation name	
	association," or the abbreviation "P		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
D 13			
B. Enter new principal office a (Principal office address MUST			
(1 rincipal office dadress <u>brost</u>			1
			~ 1
			
C. Enter new mailing address,	if applicable:		高 一
(Mailing address MAY BE A			
			có
			70
			<u> </u>
D. 16	1	and the file of the control of the c	
	gent and/or registered office addre	ss in Florida, enter the name of the	
			•
Name of New Registered	t/Agent		
			l
	(Florida stree	et address)	
Van Danieran I (Min . 1		Placida	
New Registered Office A		, Florida City)	(Zip Code)
		• *	•
New Registered Agent's Signati	 ure, if changing Registered Agent:		
		ith and accept the obligations of the po	sition.
	<u> </u>		
	Signature of New Reg	gistered Agent, if changing	<u> </u>

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 little 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.

Example:		any man, man any man			
X Change	PT	John Doe			
\underline{X} Remove	<u>v</u>	Mike Jones			
\underline{X} Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)		<u>Name</u>	<u>Addres</u> s		
1) Change	Р	TATIANE C DA COSTA	SAME ADDRESS		
Add X Remove					
2) Change	Р	TATTIANE C DA COSTA	SAME ADDRESS		
X Add					
Remove					
3) Change					
Add					
Remove					
4) Change			· · · · · · · · · · · · · · · · · · ·		
Add					
Remove					
5) Change			- 		
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Remove			· · · · · · · · · · · · · · · · · · ·		
6) Change					
			- :		
Add			 		
Remove			ı		

If amending or adding (Attach additional sheet)	g adomional Artic ets, if necessary).	(Be specific)	(s) nere:		
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If an amendment pro- provisions for imple	vides for an excha	ange, reclassificat	tion, or cancellati	on of issued shares,	
(if not applicable	. indicate N/A)	differit 11 Hot Com	tamed in the ame	nament usen.	1
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The date of each amendment(s) date this document was signed.	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 document's effective date on the	block does not meet the applicable statutory filing requirements, this date will a Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	į
by	(voting group)	·
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	1
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) TATIANE C DA COSTA	- ·
	(Typed or printed name of person signing)	I
	PRESIDENT (Title of person signing)	
	(Title of person signing)	