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(City	y/State/Zip/Phone	 e #)
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And

R. WHITE SEP 23 2018 SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TURMALINA CO	RPORATION	
DOCUMENT NUM	BER: P18000053838		
	s of Amendment and fee are su	abmitted for filing.	
Please return all corre	espondence concerning this ma	itter to the following:	
	SIMONE PALMA		
		Name of Contact Perso	on
	AMERICA EXPERT LLC		
	<u></u>	Firm/ Company	
	409 NW 10TH TERRACE		
		Address	
	HALLANDALE BEACH, FI	L 33009	
		City/ State and Zip Coo	le
adm	infin@americaexpert.com		
-	E-mail address: (to be u	sed for future annual report	t notification)
For further information	on concerning this matter, pleas	se call:	
Simone Palma		at (824-9100
Name	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Ameno Divisio Cliftor	Address dment Section on of Corporations a Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



TURMALINA CORPORATION

			"MOSEE" MIE
(Name of Corporati	on as currently	filed with the Florida Dept.	of State)
P18000053838			
(Docum	nent Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006. Floridatis Articles of Incorporation:	a Statutes, this <i>Fl</i>	orida Profit Corporation add	pts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:		
name was be distinguished a second			The new
name must be distinguishable and contain the wor "Corp," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	." "Inc." or "Co	". A professional corporati	aled" or the abbreviation ion name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	e: DRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>X</u>)		
			
D. If amending the registered agent and/or register new registered agent and/or the new registered	red office addres office address:	s in Florida, enter the name	of the
Name of New Registered Agent	-		
			
	(Florida streei	address)	
New Registered Office Address:			Florida
	C	ity)	(Zip Code)
New Registered Agent's Signature, if changing Reg	ictored toons		
I hereby accept the appointment as registered agent.	<u>istereu Agent:</u> I am familiar wit	h and accept the obligations o	of the position.
	•	. •	
			
Signi	ature of New Reg	istered 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	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	Þ	COSTA, ALBERTO MENGEL	409 NW 10TH TERRACE
Add			HALLANDALE BEACH
X Remove			FL 33009
2) Change	P	NAVEGANTES LLC	PO BOX 625
X Add			CHARLESTOWN, NEVIS, NE
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)		
			
			-
			
			<u> </u>
			<u>-</u>
f an amendment provides for an exch	ange, reclassification, or ca	ncellation of issued shares.	-
orovisions for implementing the amer (if not applicable, indicate N/A)	dment if not contained in t	he amendment itself:	
,		•	
			



The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no m	ore than 90 days after amendment file date)
Note: If the date inserted in this block does not meet document's effective date on the Department of State's	the applicable statutory filing requirements, this date will not be listed as the records.
Adoption of Amendment(s) (CHECK C	<u>ONE</u>)
The amendment(s) was/were adopted by the shareho by the shareholders was/were sufficient for approva	
The amendment(s) was/were approved by the sharehmust be separately provided for each voting group	
"The number of votes cast for the amendment(s) was/were sufficient for approval
by(voting gro	
 □ The amendment(s) was/were adopted by the board of action was not required. □ The amendment(s) was/were adopted by the incorporaction was not required. 	
14/09/2018 Dated Signature (By a director, president of	other officer – if directors or officers have not been or – if in the hands of a receiver, trustee, or other court
ALBERTO MENO	
	or printed name of person signing)
President	7
	(Title of person signing)