P180000077162

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TO: Amendment Section Division of Corporations NAME OF CORPORATION: POWER FISH CORP DOCUMENT NUMBER: P18000077762 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARTHA LONGUEIRA Name of Contact Person POWER FISH CORP Firm/ Company 209 WEST 17 STREET Address HIALEAH, FLORIDA 33010 City/ State and Zip Code POWERSEAFOOD@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 333-2195
Area Code & Daytime Telephone Number MARTHA OR SANTIAGO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee **■**\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

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POWER FISH CORP	
(Name of Corporation as curr	ently filed with the Florida Dept. of State)
P18000077762	
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, tits Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	<u>:</u>
	The new
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," oword "chartered," "professional association," or the abbreviation. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office and new registered agent and/or the new registered office add	
Name of New Registered Agent Agent	LMayera
209 WEST 17 STREE	et J
(Florid	a street address)
New Registered Office Address:	Florida 33010
The Transfer of the Transfer.	(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with 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 Doe	
X Remove	V	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	MARTHA LONGUEIRA	209 WEST 17 STREET
X Add			HIALEAH, FLORIDA 33010
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
SANTIAGO MONTERO POWER 50% SHARE HOLDER
MARTHA LONGUEIRA 50 % SHARE HOLDER
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

	10/27/2018	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
	27/2018	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the Do	block does not meet the applicable statutory filing requirements, epartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the amendation of the approval.	dment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
hv	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and sha	ıreholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareho	ilder
10/27/208 Dated		
selecte	director, president or other officer of directors or officers have not do, by an incorporator – if in the hands of a receiver, trustee, or othe ted fiduciary by that fiduciary) Cay Hago Won For Topicol (Typed or printed name of person signing) President	
	(Title of person signing)	

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