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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF COR	PORATION: MARINVEST SA	PA	A
DOCUMENT N	JMBER: P18000097712		,
	cles of Amendment and fee are su	abmitted for filing.	
Please return all c	orrespondence concerning this ma	atter to the following:	
	FORTUNATA ESPINOZA		
		Name of Contact Person	1
	CORP SVCS INTL		
		Firm/ Company	
	7050 W PALMETTO PARK	RD. STE 15 300.	
		Address	
	BOCA RATON, FL 33433		
		City/ State and Zip Code	c
. • C	PERATIONS@ACHIEVEGEA.	СОМ	
_	E-mail address: (to be u	sed for future annual report	notification)
For further inform	nation concerning this matter, plea	ise call:	
FORTUNATA E	SPINOZA	at (503 5983
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a chec	k for the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fe	e S43.75 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MARINVEST SA PA				
(Name	of Corporation as current	ly filed with the Florida Dept	. of State)	
P18000097712				
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation ac	lopts the following an	endment(s) to
A. If amending name, enter the new n	ame of the corporation:			
			The	e new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,	Corp," "Inc," or "Co"	A professional corporation n	or the abbreviation "C	Corp., "
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		9907 THREE LAKES CIR	CLE.	<u>.</u>
		BOCA RATON, FL 33433		R -n
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				五口
		7050 W PALMETTO PAR	K RD. STE 15 300-): 27
	BOCA RATON, FL 33433	3		
D. If amending the registered agent an new registered agent and/or the ne			me of the	
Name of New Registered Agent				
	7050 W PALMETTO PAI	RK RD. STE 15-300.		
	(Florida st	reet address)	· • • • · · · ·	
New Registered Office Address:	BOCA RATON		. Florida 33433	
	•	(City)	(Zip Code,	,
New Registered Agent's Signature, if o				
I hereby accept the appointment as regis	tered agent. I am familiar	with and accept the obligation.	s of the position.	
	Signature of New F	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.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	P	FRANCO VALDIVIA, WALTER J	19712 DINNER KEY DRIVE.	
XAdd			BOCA RATON, FL 33498	
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove			·····	
4) Change				
Add				
Remove				
5) Change	<u> </u>			
Add				
Remove				
6) Change				
Add				
Remove				
		Page 2 of 4		
E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				

	
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)	
<u> </u>	· • · · ·
Page 3 of 4	
The date of each amondment(c) adoption:	if ather than th
The date of each amendment(s) adoption:	, 11 other than th
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	·
(no more than 50 days after amenament file date)	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were adop by the shareholders was/were suf	ited by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were adopted action was not required.	ted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder
Dated_DEC 03, 201	9
selected,	ector, president of other dailer = if arce ors or officers have not been by an intemporator = if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
\	VALTER J FRANCO VALDIVIA
_	(Typed or printed name of person signing)
F	RESIDENT
(Title of person signing)