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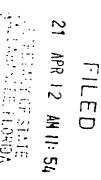
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	BLUETIDE MARINE TWO INC					
DOCUMENT NUMBER:	P21000025613					
The enclosed Articles of Amendment	and fee are submitted for filing.					
Please return all correspondence conc	erning this matter to the following:					
	0 == 0 = 1 i A = 1					
	PATRICIA POLIARI Name of Contact Person					
AD	VANGE FINANCIAL SERVICE Firm/ Company					
	Firm/ Company					
39	24 CORAL RIDGE DRIVE Address					
	City/ State and Zip Code					
Patricia 1040 tax a mail. com E-mail address: (to be used for future annual coport notification)						
For further information concerning th	is matter, please call:					
Patricia Pollar	at (954) 255-3848					
Name of Contact Perso	on Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee \$43.75 Certification	Filing Fee & Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Section	Street Address					
Amendment Section Division of Corpora						
P.O. Box 6327	The Centre of Tallahassee					
Tallahassee, FL 323						

Articles of Amendment to Articles of Incorporation

of	
BLUE TIDE MARINE TWO INC (Name of Corporation as currently filed with the Florida Dept. of State)	_
P 210000 256 13	
(Document Number of Corporation (if known)	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:	to
A. If amending name, enter the new name of the corporation:	
BLUE TIDE MARINE CROUP INC The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."	
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 address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent	
New Registered Office Address: (City) (Florida street address) Florida (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, V changing	

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc			
X Remove	Y	Mike Jones			
_X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s	
1) Change					_
Add					
Remove					
2) Change					
Add					
Remove 3) Change		_ _			
Add				<u> </u>	
Remove					
4) Change				\	<u> </u>
Add					
Remove		\	//		
5) Change		_			
Add					
Remove					
6) Change		_			
Add					
Remove					

<mark>f amending or adding</mark> Attach <i>additional sheet</i> .	, if necessary).	(Be specific)			
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f an amendment prov provisions for implem	ides for an excha	nge, reclassification	<u>i, or cancellation o</u>	f issued shares,	
provisions for implem (if not applicable,	enting the amend	iment if not contain	ned in the amendm	<u>ient itself:</u>	
(у ног аррисаоте,	naicale WA)	\ \			
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The date of each amendment(s) ac	loption:	, if other than th
late this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file a	late)
Note: If the date inserted in this b locument's effective date on the De	ock does not meet the applicable statutory filing requirer partment of State's records.	nents, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sha	archolder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the fficient for approval.	amendment(s)
	roved by the shareholders through voting groups. The followard for the second country on the amend	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	3/3/2021 Newil Ruhan.	
Signature	Novement System.	
(By a di selected	rector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee, ed fiduciary by that fiduciary)	
	DAVID J ZAREM	
•	(Typed or printed name of person signing)	
	PEGSIDENT	
	(Title of person signing)	

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