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## COR AMND/RESTATE/CORRECT OR O/D RESIGN ACQUA MARINA INVESTMENTS CORP

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Help

## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ACQUA MARINA INVESTMENTS, CORP. DOCUMENT NUMBER: P22000061907 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Erika Kitaoka da Silva Name of Contact Person Barbosa Legal Firm/Company 407 Lincoln Road PH-NE Address Miami Beach, FL 33139 City/ State and Zip Code renewals@barbosalegal.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Erika Kitaoka da Silva 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 (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303

## Articles of Amendment to Articles of Incorporation of

ACQUA MARINA INVESTMENTS, CORP.	· · · · · · · · · · · · · · · · · · ·			
(Name of Corporation as curre	ntly filed with the Florida Dep	t. of State)		
P22000061907 (Document Numbe	r of Corporation (if known)			<del></del>
·	• • • •			
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	us Florida Profit Curporation a	dopts the follows	ng amend	meni(s) i
A. If amending name, enter the new name of the corporation:				
N/A			The n	_
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.	A professional corporation r			
B. Enter new principal office address, if applicable:	300 Bayview Dr. Ph 16			_
(Principal office address MUST BE A STREET ADDRESS)	Sunny Isles Beach			
	FL 33160	- ,	M22	_
		-		N
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	ر . سر اور د	20	- 4a- - 4
			<u></u> =	7
		·	<u> </u>	
		1	- <del>-</del> -	-
D. If amending the registered agent and/or registered office at new registered agent and/or the new registered office address.		me of the		
N/A				
Name of New Registered Agent				
(Florida	street address)		_	
New Registered Office Address:	•	, Florida		
New Registered Office Address.	(City)		Code)	-
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familio		ns of the position		

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 Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Titlc</u>	<u>Name</u>	<u>Addres</u> s	
l) Change		N/A		
Add				<u></u>
Remove				2021 OCT
2) Change				•
Add				20 20 A
Remove 3) Change				
Add				77.5 42
Remove				
4) Change		_		
Add				
Remove				<del></del>
5) Change				<del></del>
Add				<del></del>
Remove				
6) Change			<del></del>	
Add				<del></del>
Remove				

E. <u>If amending or adding additional Articles, enter change(s) here:</u> (Attach additional sheets, if necessary). (Be specific)			
N/A			
	<del></del>		
<u> </u>			
<del></del>	<u> </u>	_	
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	21.	7	
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		_ <del></del>	
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)			
N/A			
		<del></del>	

	10/19/2022			
The date of each amendmen	nt(s) adoption:	,	, if other th	nan the
date this document was signe				
Effection data if and limble	10/19/2022			
Effective date if applicable:	(no more than 90 days after amendment file date)			
	this block does not meet the applicable statutory filing requirements, this Department of State's records.	is date will no	ot be listed	as the
Adoption of Amendment(s)	(CHECK ONE)			
■ The amendment(s) was/w action was not required.	ere adopted by the incorporators, or board of directors without shareholder	action and sha	archolder	
	ere adopted by the shareholders. The number of votes east for the amendm were sufficient for approval.	ænl(s)		
	ere approved by the shareholders through voting groups. The following sta ded for each voting group entitled to vote separately on the amendment(s):	lement		
	es cast for the amendment(s) was/were sufficient for approval	+	2022 OCT	
by	(voting group)	_	C	-17
	(voting group)	ATANOMINA TELEPONE	20	- TEEDS - TEEDS  -
10/2	0/2022	7		1 F E
Dated	0/2022		Ħ	الم <del>ستان</del> عاد
Signature	/S/: Andrez Ilernundez		8: 42	
)	By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)			
	Andrés Hernandez, Esq.			
	(Typed or printed name of person signing)			
	Authorized Representative of the Directors			
	(Title of person signing)			