P2300027178

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R. HUNT 06/06/23

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SAESALT MARTTIME CORP.							
DOCUMENT NUMBER: P23000027178							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
OCTAVIO C AMBROGI SR. Name of Contact Person SAESALT MARITIME CORP Firm/ Company							
SAESALT MARITIME CORP							
Z6BY N.W 91ST AVE							
CORNL SPRINGS FL 33065 City/ State and Zip Code							
City/ State and Zip Code							
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:							
For further information concerning this matter, please call:							
OCTAVIO C. AMBRUGI St. at (305) 399-9015 m & Name of Contact Person Area Code & Daytime Telephone Number							
Name of Contact Person Area Code & Daytime Telephone Number							
Enclosed is a check for the following amount made payable to the Florida Department of State:							
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)							
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee. FL 32303							

Articles of Amendment

to

Articles of Incorporation of

SAESALT MAR	ITIUF CORP
	as currently filed with the Florida Dept. of State)
	0027178
	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida States at Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	poration:
SEASALT MARIT	TIME CORP. The new
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	CORAL SPRINGS, FL 33061
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	SAME
	-
D. If amending the registered agent and/or registered of	office address in Florida, enter the name of the
new registered agent and/or the new registered office Name of New Registered Agent	ice address:
name of New Neglisterea rigeria	
	(Florida street address)
New Registered Office Address:	N Florida
The street of th	(City) (Zip Code)
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am	
	1) CM
Signature	e of New Registered Agent, if changing

Check if applicable

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

The date of each ame date this document wa	ndment(s) adoption:s signed.	05/25/	2023		, if other than the
Effective date if appl	cable:	more than 90 da	vs after amendment fi	le date)	
Note: If the date inse document's effective of	rted in this block does not me ate on the Department of State	eet the applicable e's records.	statutory filing requ	irements, this date will	not be listed as the
Adoption of Amendn	ent(s) (CHECK	(ONE)			
The amendment(s) action was not requ	was/were adopted by the incorired.	porators, or board	d of directors without	shareholder action and	shareholder
☐ The amendment(s) by the shareholder	was/were adopted by the share s was/were sufficient for appro	cholders. The nur	mber of votes cast for	the amendment(s)	
☐ The amendment(s) must be separately	was/were approved by the shat provided for each voting grou	reholders through up entitled to vote	voting groups. The j separately on the am	following statement endment(s):	
"The number	of votes cast for the amendme	nt(s) was/were su	ifficient for approval		r-3
by	(voting g	roup)		- S	() () ()
Date	A	2023	2	ANS SEE.	-6 PH 4:
Sign	(By a director, president selected, by an incorpora appointed iduciary by the	or other officer – ator – if in the har hat fiduciary)	nds of a receiver, trust	tee, or other court	 ယ ယ
			AMBRO e of person signing)	9157	
		SIDENT	_		
	(Title	of person signing	<u>(</u>)		

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