## P240003039/

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2024 SEP 23 AMII: 43 SECRETARY OF STATE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	RIES INC.	
DOCUMENT NUMB	ER: P24000030391		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	FAB <b>RIZI</b> O E VALDIVIA		
-		Name of Contact Person	1
		Firm/ Company	
	7300 BYRON AVE #5		
•	MIAMI BEACH, FL 33141	Address	
		City/ State and Zip Code	2
	Fabrizio <b>yald</b> ivia@gmail.com	ı	ſ
-	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
ADRIANO BREMNE	CR.	786 at (	853-4515
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
☑ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Indment Section Ision of Corporations Box 6327 Ishassee, FL 32314	Amend Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

VALMAR FISHERIES INC.		
(Name of Corporation as curren	tly filed with the Florida Dept. of	State)
P24000030391		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts	s the following amendment(s) to
A. If amending name, enter the new name of the corporation:	. 1	
	· 0/b.	The new
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.	A professional corporation name	he abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		/
C. Enter new mailing address, if applicable:	· MI	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	· WA	
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address		of the
Name of New Registered Agent	N/ Q -	<del></del>
(Florida s	treet address)	
New Registered Office Address:	, Flo	orida
	(Ciry)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		the position.
	NA-	
Signature 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.

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)

Example:

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	<u>v</u>	Mike Jones	
_X Add	SV	Sally Smith	
Type of Action (Check One)	Title	Name .:	Address
1) Change	<u>P</u>	ADRIANO BREMNER	3542 SW 17 ST
X Add			MIAMI, FL 33145
Remove 2) Change	<u>v</u>	FABRIZIO E VALDIVIA	7300 BYRON AVE #5
Add Remove 3) X Change	Т	MARCELLO MIGLIORINO	1300 BYROW AVE #5
Add			Miani Beach, FL 33141
Remove 4) Change			
Add			
5) Change Add			
Remove			
6) Change Add		_	
Demove			

	adding additional A al sheets, if necessary	). (Be specific)			
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		-			
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	<del></del>		•		
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		,	, ( N)		
f an amendmen provisions for i (if not appli	at provides for an eximplementing the an icable, indicate N/A)	change, reclassifi nendment if not c	cation, or cancella ontained in the as	ation of issued sha mendment itself:	<u>res,</u>
				•	
					<del></del> .

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	09/14/2024	
The date of each amendment(s) date this document was signed.	adoption:	, if other than th
	9/14/2024	
Effective date <u>if applicable</u> :	(no more than 90 days after an	nendment file date)
Note: If the date inserted in this document's effective date on the		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of direct	ors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of vo sufficient for approval.	otes cast for the amendment(s)
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting gror each voting group entitled to vote separately	roups. The following statement by on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for	or approval
by	(voting group)	·,
	(voling group)	· · · · · · · · · · · · · · · · · · ·
Dated		
· · · · · · · · · · · · · · · · · · ·		M. Aur/
Signature		3.
(By a selec	director, president or other officer – if director ted, by an incorporator – if in the hands of a re inted fiduciary by that fiduciary)	
	FABRIZIO E VALDIVIA	tir (1
	(Typed or printed name of person	
	VICE PRESIDENT	
	(Title of person signing)	
	· ·	