295000018224

(D-	and None	
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	lv

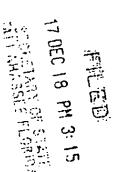


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November 29, 2017

GREGORY WOLLASTON AEROMARINE USA, INC. 8900 NW 35TH LANE SUITE 130 MIAMI, FL 33172

SUBJECT: AEROMARINE USA, INC.

Ref. Number: P95000018224

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption of each amendment must be included in the document.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 117A00024076

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AEROMARINE U	SA, INC.				
DOCUMENT NUMB	P05000018224					
The enclosed Articles of	of Amendment and fee are sul	bmitted for filing.				
Please return all corres	pondence concerning this mat	ter to the following:				
	GREGORY WOLLASTON					
•		Name of Contact Person				
	. AEROMARINE USA, INC.					
-		Firm/ Company				
	8900 NW 35TH LANE SUF	TE 130				
•		Address				
	MIAMI, FLORIDA, 33172					
•		City/ State and Zip Code				
greg <i>u</i>	@aeromarine.nct		/			
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
GREGORY WOLLASTON		at (470 8989			
Name of Contact Person		at (305) 470 8989 Area Code & Daytime Telephone Number				
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	■\$43.75 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

AEROMARINE USA, INC.			
(<u>Name</u> o	f Corporation as current	y filed with the Florida De	pt. of State)
P95000018224			
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or '	"Co". A professional corpo	porated" or the abbreviation ration name must contain the
B. Enter new principal office address,	if nanligable:	N/A	
(Principal office address MUST BE A S	TREET ADDRESS)		
			57 - H
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	SSSTEPH E
(Maning data ess MAT DE AT 931	(<u>(11111)</u>		79 3 E
			<u></u>
		in Florida onton the ne	~~
D. If amending the registered agent an new registered agent and/or the new	w registered office addres	ress in Piorida, enter the <u>in</u> s:	ame or me
	NADINE CURE	_	
Name of New Registered Agent			
	8900 NW 35TH LANE, \$		<u> </u>
	(Florida st	reet address)	
New Registered Office Address:	MIAMI		Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis	hanging Registered Agen	<u>t:</u> with and accept the obligati	ons of the position
I hereby accept the appointment as regis	terea agent i am jamittar	with and accept the obligation	ons of the position.
1/	/ /)		
$\alpha N \alpha i$	dime (1100		
	Signature of New	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 Doc 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>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PS	PETER ESPINET	16432 NW 12 STREET
Add			PEMBROKE PINES
X Remove			FLORIDA 33028
2) Change	D	LEONARDO SANCHEZ	14462 NW 88 PLACE
Add	_		MIAMI LAKES
X Remove			FLORIDA 33018
	PTD	STEPHEN ESPINET	CLUSTER 2 UNIT 3
3) Change			SPANISH COURT
Add Remove			WESTMOORINGS, TRINIDAD
	DS	GREGORY WOLLASTON	16293 NW 17 STREET
4) Change X			PEMBROKE PINES
Add Remove			FLORIDA 33028
	VD	NORMAN PATTY	13964 SW 157 STREET
5) Change X			MIAMI
Add Remove			FLORIDA 33177
	D	NADINE CURE	631 NW 46 TERRACE
6) Change X			PLANTATION
Add Add			FLORIDA 33317
Remove			

If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
/A	
-	
	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
//A	

•		المدايا	1 1 17		is not an about the
The date of each amendment(s) adop date this document was signed.	tion:	11/20/	<u> 2011.</u>		, if other than the
N/A					
Effective date <u>if applicable</u> :	(n	to more than 90	davs after amend	lment file date)	
			• •	·	
Note: If the date inserted in this bloc document's effective date on the Depar	k does not n tment of Stat	neet the applicate's records.	able statutory filio	ng requirements, this dat	e will not be listed as the
Adoption of Amendment(s)	(CHEC	K ONE)			
☐ The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shar ient for appr	reholders. The oval.	number of votes o	east for the amendment(s)
☐ The amendment(s) was/were approvemust be separately provided for each	ed by the shah voting gro	areholders throup entitled to v	ugh voting groups ote separately on	s. The following stateme, the amendment(s):	nt
"The number of votes cast for	the amendm	ient(s) was/were	sufficient for app	proval	
N/A					
by	(voting	group)			
☐ The amendment(s) was/were adopted action was not required.☐ The amendment(s) was/were adopted.					r
action was not required.					
Dated 1/2	1/10/17.				
Signature	0/2017. Wysi				
(By a dire selected, l	ctor, presider by an incorpo	nt or other offic	er – if directors o hands of a receiv	r officers have not been er, trustee, or other cour	t
G	REGORY W	OLLASTON			
	(Ту	ped or printed i	name of person si	gning)	
D	IRECTOR				
_	-	(Title (of person signing)		<u></u>