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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | AEROMARINE U | JSA , INC. | | |
|--|---------------------------------------|--|-----------------------------|---|
| DOCUMENT NUMBER: | P9500001822 | 24 | | |
| The enclosed Articles of Amend | <i>lment</i> and fee are su | ıbmitted for fili | ıg. | |
| Please return all correspondence | concerning this ma | tter to the folio | wing: | |
| ALANA | DOPSON HAQQ | | | |
| | | Name of Co | ntact Perso | n |
| AEROM | ARINE USA, INC. | | | |
| | | Firm/ C | ompany | |
| 8900 NV | V 35TH LANE, 13 | 0 | | |
| | | Add | lress | |
| MIAMI, F | FLORIDA, 33172 | | | |
| ·- | | City/ State a | nd Zip Cod | e |
| alanah@aeroi | marine.net | | | |
| E-m. | ail address: (to be us | sed for future ar | nual report | notification) |
| For further information concerni | ng this matter, pleas | se call: | | |
| ALANA DOPSON HAQQ | | at (| 868 | 389 6093 |
| Name of Contact | Person | · | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for the follo | wing amount made p | payable to the F | Torida Depa | artment of State; |
| - | 3.75 Filing Fee & rtificate of Status | S43.75 Fill Certified C (Additional enclosed) | ору | ☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Addr Amendment S Division of Co P.O. Box 6327 Tallahassee, F | ection orporations | | Amend Divisio Clifton | Address Iment Section on of Corporations Building executive Center Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 18 JUL -9 AM 8: 16

AEROMARINE USA, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P95000018224 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A 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: N/A (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 (Florida street address) N/A New Registered Office Address: (City) 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, 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 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> | <u>John Do</u> | <u>oe</u> | | | |
|----------------------------|--------------|----------------|-------------------|---------------------|--|--|
| X Remove | <u>v</u> | Mike Jones | | | | |
| X Add | <u>sv</u> | Sally Smith | | | | |
| Type of Action (Check One) | <u>Title</u> | | <u>Name</u> | Address | | |
| 1) Change | D | | EVERALDO SARDINAS | 11775 SW 183 STREET | | |
| Add | | | | PALMETTO BAY | | |
| X Remove | | | | FLORIDA, 33157 | | |
| 2) Change | | _ | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 3) Change | | _ | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 4) Change | | _ | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 5) Change | | _ | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 6) Change | | _ | | | | |
| Add | | | | | | |
| Remove | | | | | | |

| E. If amending or adding additional sheets, if nec | ional Articles, enter cessary). (Be speci | <u>change(s) here</u> : fic) | | |
|--|--|---|---|-------------|
| N/A | | | | |
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| F. If an amendment provides for provisions for implementing (if not applicable, indicate | the amendment if n | ssification, or cane ot contained in the | ellation of issued sha amendment itself: | ares, |
| N/A | | | | |
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| | JUNE 30, 2018 | |
|--|--|---------------------------|
| The date of each amendment(s) | adoption: | , if other than the |
| date this document was signed. | INTERES COLOR | |
| Effective date <u>if applicable;</u> | JNE 30, 2018 | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this document's effective date on the | s block does not meet the applicable statutory filing requirements, this date department of State's records. | will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were a by the shareholders was/were | idopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval. | |
| ☐ The amendment(s) was/were a must be separately provided f | approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes ca | st for the amendment(s) was/were sufficient for approval | |
| **** | · | |
| by | (voting group) | |
| | (voting group) | |
| The amendment(s) was/were a action was not required. | dopted by the board of directors without shareholder action and shareholder | |
| ☐ The amendment(s) was/were a action was not required. JULY 6, Dated | dopted by the incorporators without shareholder action and shareholder 2018 | |
| select | director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court | |
| appoi | inted fiduciary by that fiduciary) | |
| | NORMAN PATTY | |
| | (Typed or printed name of person signing) | |
| | VICE PRESIDENT, DIRECTOR | |
| | (Title of person signing) | |