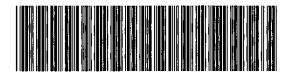
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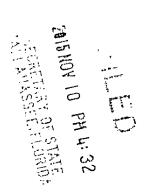
| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ви | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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NOV 1 0 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORI | PORATION: Meland, Inc. | | |
|----------------------|--|--|----|
| DOCUMENT NU | P95000094117 | | |
| The enclosed Artic | cles of Amendment and fee are su | abmitted for filing. | |
| Please return all co | prespondence concerning this ma | atter to the following: | |
| | Kelle Jones | | |
| | | Name of Contact Person | |
| | Transoceanic Corp. | | |
| | | Firm/ Company | - |
| | 19495 Biscayne Blvd., Suite | 805 | |
| | | Address | _ |
| | Aventura, FL 33180 | | |
| | | City/ State and Zip Code | |
| K | elle@transoceaniccorp.com | | |
| | • | sed for future annual report notification) | |
| | | , | |
| For further informa | ation concerning this matter, pleas | se call: | |
| Kelle Jones | | at (305 935-2100 | |
| Nai | ne of Contact Person | Area Code & Daytime Telephone Numb | er |
| Enclosed is a check | k for the following amount made | payable to the Florida Department of State: | |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| I I | Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Fallahassee, 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

| Meland, Inc. | | | |
|---|---|---|-----------------------|
| (Name | of Corporation as currently | filed with the Florida Dept. of State) | |
| P95000094117 | | | |
| | (Document Number of (| Corporation (if known) | |
| Pursuant to the provisions of section 607, its Articles of Incorporation: | 1006, Florida Statutes, this F | lorida Profit Corporation adopts the follo | owing amendment(s) to |
| A. If amending name, enter the new na | ame of the corporation: | | |
| N/A | | | Than no |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the designword "chartered," "professional associa B. Enter new principal office address, (Principal office address MUST BE A S | nation "Corp," "Inc," or "C tion," or the abbreviation "P. if applicable: | o". A professional corporation name m | |
| C. Enter new mailing address, if applia (Mailing address MAY BE A POST) D. If amending the registered agent an | OFFICE BOX) ad/or registered office addre | N/A ss in Florida, enter the name of the | |
| new registered agent and/or the nev | | | |
| Name of New Registered Agent | Eric Isicoff, Esq. | | |
| | Isicoff, Ragatz & Koenigsbe | erg, Suite 1900, 1200 Brickell Avenue, | |
| | (Florida stree | t address) | |
| New Registered Office Address: | Miami | , Florida 3313 | |
| | (0 | City) (| Zip Code) |
| New Registered Agent's Signature, if c I hereby accept the appointment as regist | ered agent. I am familiar wi | th and accept the obligations of the positi | on. |
| | Signature of New Re | gistered 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.

| 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>Title</u> | Name | <u>Addres</u> s |
| 1) Change | DS | Deborah Benachenhou | 19495 Biscayne Blvd., Suite 805 |
| Add | | | Aventura, FL 33180 |
| X Remove | | | |
| 2) Change | DVS | Annischka Holmes-Moncur | 19495 Biscayne Blvd., Suite 805 |
| X Add | | | Aventura, FL 33180 |
| Remove | | | |
| 3) X Change | DPT | Andrew Massie | 19495 Biscayne Blvd., Suite 805 |
| Add | | | Aventura, FL 33180 |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| 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 | E. If amending or adding additional Arti (Attach additional sheets, if necessary). | (Be specific) | | | | |
|--|---|--------------------|--|--|--|----------|
| 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) | | | | | | |
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| | August 27, 2015 | |
|---|--|---------------------------|
| The date of each amendment(s) date this document was signed. | adoption: | , if other than the |
| Effective date if applicable: | | |
| | (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 v Department of State's records. | vill not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were a by the shareholders was/were | adopted 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) | |
| ☐ 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. | dopted by the incorporators without shareholder action and shareholder | |
| Dated | evenbe 5, 2015. | |
| Signature | (503-6 | |
| selec | director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) | |
| | Andrew Massie | |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |