## P15000039445

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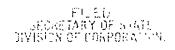
C LEWIS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: H 2 O DIVE CEN	TER, INC.	
DOCUMENT NUMBI	P15000039445		
	Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this mat	tter to the following:	
(	GERMAN A MUTTI		
_		Name of Contact Persor	1
ŀ	I 2 O DIVE CENTER, INC.		
_		Firm/ Company	
<u> </u>	4382 BISCAYNE BLVD.		
		Address	
1	ORTH MIAMI, FL 33181		
_	······································	City/ State and Zip Code	•
HDEU	SCHEL@KCOCPA.CO		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
HERBERT E DEUSCH	IEL	at (	476-6700
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:
□ \$35 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)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301



## Articles of Amendment to Articles of Incorporation of

2016 NOY 10 AM 9: 41

H 2 O DIVE CENTER INC.		
(Name o	f Corporation as currently filed	with the Florida Dept. of State)
P15000039445		
	(Document Number of Corpo	ration (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida</i>	a Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
		The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co"	ompany," or "incorporated" or the abbreviation A professional corporation name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		
D. If amending the registered agent an new registered agent and/or the new		Florida, enter the name of the
	TOMAS MARTELL TORRES	
Name of New Registered Agent		·
	14382 BISCAYNE BLVD.	
	(Florida street adda NORTH MIAMI BEACH	33181
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist		

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>	John Doe	,
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	MUTTI, GERMAN	20814 SAN SIMEON WAY #103
Add			MIAMI, FL 33179
X Remove			
2) X Change	P VP	TORRES, TOMAS MARTELL	14382 BISCAYNE BLVD.
Add			NORTH MIAMI BEACH, FL
Remove			33181
3 ) Change	<del> </del>	_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove	,		
6) Change			
Add			
Remove			

	. (Be specific)
<u> </u>	
······································	
•	
	, . <u>.</u> . <u> </u>
an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
f an amendment provides for an exe provisions for implementing the am (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
provisions for implementing the am	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
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provisions for implementing the am (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:

	NOVEMBER 1 2017	FILEU SECRITARY OF STATE
The date of each amendment(s) adoption	NOVEMBER 1, 2016	AIVISION OF CORPORATION, if other than the
date this document was signed.		2016 NOV 10 AM 9: 41
	BER 1, 2016	THE CITY OF TOR DEST
Effective date <u>if applicable</u> :	(no more than 90 days afte	name de aut file desay
	(no more than 90 days afte	r amenament file aate)
Note: If the date inserted in this block document's effective date on the Departm		ory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficie		f votes cast for the amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each		
"The number of votes cast for th	e amendment(s) was/were sufficien	t for approval
by		,,,
, <u></u>	(voting group)	<del></del>
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without sh	areholder action and shareholder
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareh	older action and shareholder
NOVEMBER 6,	, 2016	
Dated		
Signature	or, president or other officer – if dire	portous ou officeus have not been
	an incorporator – if in the hands of	
	duciary by that fiduciary)	a received, an action, or other source
TON	AAS MADTELL TODDES	

(Typed or printed name of person signing)

(Title of person signing)

PRESIDENT