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Office Use Only



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C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: LINCOLN MARINE CONSULTING IN | s < . |
|---|-------|
| DOCUMENT NUMBER: F- 82411 | |
| The enclosed Articles of Amendment and fee are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| RUTHANN LINCOLN Name of Contact Person | _ |
| LINCOLN MARINE | |
| 2061 DAKES BLUD | |
| Address NAPLES FL 34119 City/ State and Zip Code | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: RUTHANN LINCALN at (239) 592 7615 | |
| Name of Contact Person Area Code & Daytime Telephone Num | ıber |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | |
| \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed) \$52.50 Filing Fee Certificate of Status (Additional Copy is enclosed) | |
| Mailing Address Street Address | |

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

| | to | €, |
|--|--|--|
| | Articles of Incorporation | อเท้า |
| 2 | of | • |
| LINCOLNA | | 16 INBAUG 25 PM 1:38 |
| (Name of Corp | oration as currently filed with the Florid | a Dept. of State) |
| F | 82411 | |
| (C | Document Number of Corporation (if known | n) |
| ursuant to the provisions of section 607.1006, F s Articles of Incorporation: | Florida Statutes, this <i>Florida Profit Corpord</i> | ation adopts the following amendment(s |
| If amending name, enter the new name of | the corporation: | |
| 1 INCALN M | IARINE INC | The new |
| ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "pord "chartered," "professional association," of Enter new principal office address, if appli | 'Corp," "Inc," or "Co". A professional or the abbreviation "P.A." | |
| | E A D D D ECIC) | |
| Principal office address <u>MUST BE A STREET</u> | (ADDRESS) | |
| <u> </u> | TADDRESS) | |
| Principal office address <u>MUST BE A STREET</u> J [©] | TADDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC | | |
| Enter new mailing address, if applicable: | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC | E BOX) | the name of the |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC NA If amending the registered agent and/or re | E BOX) | the name of the |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC NA If amending the registered agent and/or registered agent and/or the new registered Agent Name of New Registered Agent | E BOX) | the name of the |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC NA If amending the registered agent and/or registered agent and/or the new registered Agent Name of New Registered Agent | E BOX) | the name of the |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC NA If amending the registered agent and/or registered agent and/or the new registered.) | <u>E BOX</u>) egistered office address in Florida, enter tered office address: | the name of the |

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

| N | A | |
|---|-----|--|
| | , , | |

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 Do | <u>oe</u> | |
|-------------------------------|--------------|-------------|-------------|---------|
| X Remove | Ā | Mike Jo | <u>ones</u> | |
| X Add | <u>sv</u> | Sally Sr | <u>nith</u> | |
| Type of Action (Check One) | <u>Title</u> | | <u>Name</u> | Address |
| 1) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | · | _ | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| O OL | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| ach additional sheets, if necessary | rticles, enter change). (Be specific) | - 4-1 | | |
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| NA | | | | |
| n amendment provides for an eovisions for implementing the a (if not applicable, indicate N/A) | xchange, reclassific mendment if not co | cation, or cancellatentained in the am | ion of issued sha endment itself: | res, |
| | <u> </u> | | | |
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| The date of each amendment(s) adoption: | | , i | f other than the |
|---|-------------------------|----------|------------------|
| date this document was signed. | c | ₽. | |
| Effective date if applicable: $9-1-2815$ | ΩIVĬ°. | | · · · · · · |
| (no more than 90 days after amendment file date | 15. | He or | |
| Notes If the date incented in this block does not most the small object to the City | H CI - Aut - Che - A | 06.25 | PM 1:38 |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records. | is, this date | wiii not | be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | | | |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the am by the shareholders was/were sufficient for approval. | endment(s) | | |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment. | ng statement nt(s): | | |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | | | |
| by | | | |
| (voting group) | | | |
| The amendment(s) was/were adopted by the board of directors without shareholder action and s action was not required. | shareholder | | |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and share action was not required. | holder | | |
| Dated 8-21-2015 Signature | | | |
| (By a director, president or other officer - if directors or officers have | | | |
| selected, by an incorporator – if in the hands of a receiver, trustee, or | other court | | |
| appointed fiduciary by that fiduciary) | | | |
| DAVID B. LINCOLD | | | |
| (Typed or printed name of person signing) | | | |
| Porce | | | |
| TRESIDENT | | | |
| (Title of person signing) | | | |