## P04000108293

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: TROPICAL B	OAT TOURS, INC.	
DOCUMENT NUMBER: P04000108293		
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
KALAMAGA, KATE M.	•	
(Name of	Contact Person)	
TROPICAL BOAT TOURS, I	NC.	
(Firm	n/Company)	
14118 SW 149TH CT		
(	Address)	
MIAMI, FL 33196-5027		
(City/ Sta For further information concerning this matter, p	ate and Zip Code)	
For further intormation concerning this matter, p	orease carr.	
KALAMAGA, KATE M.	at ( 786 ) 218303	
(Name of Contact Person)	(Area Code & Dayume	Telephone Number)
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\sum \text{\$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 Ci	rcle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

TROPICAL BOAT TOURS, INC.	_≥o:	_8	
(Name of corporation as currently filed with the Florida Dept. of State)	LAHA	NDC:	
P04000108293	SSE	9	
(Document number of corporation (if known)	1,01	<b>P</b>	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Coadopts the following amendment(s) to its Articles of Incorporation:	orporation S	2:5	•
NEW CORPORATE NAME (if changing):			
TROPICALBOAT CHARTERS, INC.			
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc., (A professional corporation must contain the word "chartered", "professional association," or the abbre	viation "P	'.A.")	
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	e Numb	er(s)	
	·		
N/A	<del> </del>		
	<del>~~~~</del>		
		_	
	··········	<del></del> -	
(Attach additional pages if necessary)			
(Auach auditional pages it incessary)			
If an amendment provides for exchange, reclassification, or cancellation of issued shar for implementing the amendment if not contained in the amendment itself: (if not applied			
N/A			
	···		
	, 		
(continued)			

The date of each amendment(s) adoption: 06/14/06		
Effective date if applicable:	06/14/06	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
	) was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	
, ,	) was/were approved by the shareholders through voting groups. The not must be separately provided for each voting group entitled to vote amendment(s):	
"The number of	of votes cast for the amendment(s) was/were sufficient for approval by	
	(voting group)	
	) was/were adopted by the board of directors without shareholder action tion was not required.	
The amendment(s shareholder action	was/were adopted by the incorporators without shareholder action and was not required.	
Giornaturo G		
sele	director, president or other officer - if directors or officers have not been cted, by an incorporator - if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	KALAMAGA, KATE M.	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	

**FILING FEE: \$35**