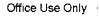
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•
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION:	East Coast Underwater Repair Inc.
DOCUMENT NUMBER:		P09000039745
The enclosed Artic	cles of Amendment and fe	e are submitted for filing.
Please return all co	orrespondence concerning	this matter to the following:
		Cesar Irizarry
		Name of Contact Person
	East C	past Underwater Repair Inc.
	•	Firm/ Company
1		0665 228th Lane South
		Address
		Boca Raton, FL 33428 City/ State and Zip Code
	samar	ntajones@yahoo.com used for future annual report notification)
	,	
For further inform	ation concerning this matt	•
Name	of Contact Person	at (561) 329-1568 Area Code & Daytime Telephone Number
Enclosed is a chec	k for the following amoun	t 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as cur	rently filed with the Florida Dept. of State)	
	Jnderwater Repair Inc.	
(Document N	umber of Corporation (if known)	
ursuant to the provisions of section 607.10 mendment(s) to its Articles of Incorporation	006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the	follo
. If amending name, enter the new name	of the corporation:	
	The	new
ame must contain the word "chartered," "p	he designation "Corp," "Inc," or "Co". A professional corpord rofessional association," or the abbreviation "P.A."	ation
. Enter new principal office address, if a Principal office address MUST BE A STRI		
Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)		FILED
	r registered office address in Florida, enter the name of the	
new registered agent and/or the new re	gistered office address:	
	Cesar Irizarry	
Name of New Registered Agent:		
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	(Florida street address)	
	(Florida street address), Florida	

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>Mr.</u>	Cesar Irizarry	10665 228th Lane South Boca Raton, FL 33428	
(attach ad	dditional sheets, if necessary). (Be specific)	
provisi		nge, reclassification, or cancellation of liment if not contained in the amendmen	

The date of each amendmen	t(s) adoption: 6/2/09
Effective date if applicable:	6/2/09
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Cesar Irizarry
	(Typed or printed name of person signing)
	President
	(Title of person signing)