P13000093132

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	• #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<u>.</u>
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C. CARROTHERA

COVER LETTER

TO: Amendment Section Division of Corporations LAR MARINE RESTORATION INC The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SALAZAR MARINE RESTORATION INC E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

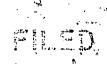
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

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

Articles of Amendment to

Articles of Incorporation of



SALAJAR MARIN	F REST	DRATAUGRD	PN 2007	ik,
(Name of Corporation as currently file	d with the Florida	Dept. of State)		-
P1300009	3132	TALLAhASSE	- Grandare. Friflümbar	•
(Document Number of Co	orporation (if know	m)		_
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this <i>Florid</i>	a Profit Corporation	adopts the followi	ng amendment(s) to
A. If amending name, enter the new name of the corp	ooration:			
		· · · · · · · · · · · · · · · · · · ·		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered." "professional association," or the ab B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	"Inc," or "Co". bbreviation "P.A." "ESS)			
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		Florida, enter the na	ame of the	- -
Name of New Registered Agent			_	
	(Florida street add	ress)		
New Registered Office Address:		, Floric	la	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Regis			c.,	
I hereby accept the appointment as registered agent. I	am familiar with ai	nd accept the obligation	ons of the position.	
Signature of Nov	Pagistarad Agant	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 <math>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:	e, ana sai	ny omini, or us un riuu.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
Change Add	D	HENRRY A. O	RDONEZ-AMAYA 2503 Oceanview AM Apt. A Del ray Beach, Pl 33 444
Remove			Del'ray Beach, Pl 33 444
2) Change		_	
Remove 3) Change		_	
Add Remove			
4) Change		_	
Remove			
5) Change		<u> </u>	
Remove			
6) Change		<u> </u>	
Remove			

ttach additiona	adding additional A al sheets, if necessar	y). (Be specific,)		
	u=				
				_	

					. _
					
		a.			
an amename provisions for	ent provides for an e implementing the a	xchange, reclass mendment if no	<u>itication, or can</u> t contained in th	<u>cellation of issu</u> le amendment it	<u>ea snares,</u> self:
(if not app	licable, indicate N/A)			
				-	
					
					<u> </u>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 8 13 2014	
Signature Eddy Cl Saley	
(By a director, president or/other officer – if directors or officers have not been	
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
EDDY A. SALAZAR	
(Typed of printed name of person signing)	
PRESIDENT	
(Title of person signing)	