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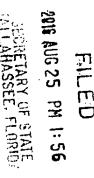
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Division of Corporations NAME OF CORPORATION: BOGT-Tech Mobile Marine Refairs Inc 6000003390 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Eric Romanski'
Name of Contact Person Boat-Tech mobile marine Repairs' Inc Fichen Circle West Address For further information concerning this matter, please call: 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)

Mailing Address

TO: Amendment Section

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

(Additional Copy

is enclosed)

Articles of Amendment to Articles of Incorporation of

Boat-Tech mobile marine B	efairs'Inc.
	y flied with the Florida Dept. of State)
P16000003390	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Boat-Tech mobile marine Repair name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address if applicable: (Principal office address MUST BE A STREET ADDRESS)	5673 Eichen Circle West FT. Myers FL 33979 200
C. Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5673 Eichen Circle West 日 FT.Myers FL 339篇 \$
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	eet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent. I hereby accept the appointment as registered agent. I am familiar to	i. with and accept the obligations of the position.
Signature of New F	Registered Agent, 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 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.

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) · 4	Title	<u>Name</u>	<u>Addres</u> s	
1)Change				
Add				
Remove			 	
2) Change		-		
Add				
Remove				
3) Change			· · · · · · · · · · · · · · · · · · ·	
Add				
Remove			<u> </u>	
4) Change				
Add				
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5) Change		<u> </u>		
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional shee	g additional Articets, if necessary).	(Be specific)				
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f an amendment pro	vides for an exch	ange, reclassific	ation, or cancell	ation of issued sh	ares,	
provisions for imple (if not applicable	menting the amer	ndment if not co	ntained in the a	mendment itself:		
(у пог аррисави	e, indicate N/A)					
					·····	

The date of each amendment(s) adoption:	, if other than the
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill 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 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 08/22/20/6 Signature Eni Romanshi	
Signature Chi homunshi	
(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)	
(Typed or printed name of person signing)	
(Title of person signing)	
(1.11. o. berger a.B.11.2)	