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JUL 05 2017 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LUCHTIS Marine COMPANY DOCUMENT NUMBER: P170000 48908				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Luigi Algenii Name of Contact Person Luchris Marine Company Firm/ Company				
Luchris Marine Company				
Firm/ Company				
10235 NW 9+H St Circle, Apart 208 Address				
Miami, Florida 33172 City/ State and Zip Code				
City/ State and Zip Code				
Lugialgenii @ Gmail. Com E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Luigi Algenii at (786) 7161223 Name of Contact Person Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Street Address Amendment Section				

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 of

	ne Company
\ \tag{\frac{1}{2}}	rently filed with the Florida Dept. of State)
P17000041	8908
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>ı:</u>
LucHris	Marine Inc.
name must be distinguishable and contain the word "corpor" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviati	ration," "company," or "incorporated" or the abl or "Co". A professional corporation name must co
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
C. Enter new mailing address, if applicable:	量量 里 四
(Mailing address MAY BE A POST OFFICE BOX)	22 [
	0. 4.
	
D. If amending the registered agent and/or registered office:	
new registered agent and/or the new registered office add	iress:
Name of New Registered Agent	
·	
(Florid	da street address)
New Registered Office Address:	(City), Florida (Zip Co
	(Cuy) (2ip Ci
New Registered Agent's Signature, if changing Registered As I hereby accept the appointment as registered agent. I am famili	
Signature of N	lew Registered Agent, if changing
•	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Pléase 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 Cler Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter 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 a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, i Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doo					
Change	<u>r t</u>	John Doe	<u>.</u>				
X Remove	<u>V</u>	Mike Jon	es				
$\frac{X}{t}$ Add	<u>sv</u>	Sally Smi	<u>ith</u>				
Type of Action (Check One)	<u>Title</u>]	Name			Address	
f) Change			<u> </u>				
Add							
Remove							
2) Change							
' Add							_
Remove							
3) Change				·····	 -		
Add			-				
Remove							
4) Change							
Add						·	
Remove							
5) Change							
Add							
Remove							
t t							
6) Change							
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1	cles, enter change (Be specific)			
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If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassifica ndment if not con	tion, or cancella tained in the an	tion of issued shendment itself:	ares,
provisions for implementing the ame	ange, reclassifica ndment if not con	tion, or cancella tained in the am	tion of issued sh endment itself:	ares,
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provisions for implementing the ame	nange, reclassifica ndment if not con	tion, or cancella	tion of issued shendment itself:	ares,

The date of each amendment(s) ad date this document was signed.	option: 06/21/2017
Effective date if applicable:	
<u> </u>	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement 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)
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated06	121/2017
Signature	dul
	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court
	ed fiduciary by that fiduciary)
	$t \cdot \cdot \cdot \Lambda l_0 = 0$
	(Typed or printed name of person signing)
	President
:	(Title of person signing)