Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000274191 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: BENNARDO LEVINE LLP Account Name

Account Number : I20130000096

Phone

: (561)392-8074

Fax Number

: (561)368-6478

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Cruiser (motor

COR AMND/RESTATE/CORRECT OR O/D RESIGN CRUISERS MOTOR WORKS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

NOV 18 2015

; 305

(((H15000274191 3)))

COVER LETTER

Division of Corpor	ations		
NAME OF CORPORA	ATION: CRUISERS MOTO	OR WORKS, INC.	
DOCUMENT NUMBI		·	
	Amendment and fee are sub	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
2	MICHAEL MCKISIC		
_		Name of Contact Person	_
3	MCMAR COMPANY, INC		
_		Firm/ Company	
7	82 SW 17TH AVENUE		
-		Address	
1	DELRAY BEACH, FLORID	A 33444	
-		City/ State and Zip Code	
רפוווס	SERSMOTOR@BELLSOUT	TH NET	
	_	ed for future annual report	notification)
	M 114-11 - H-1 - H-1 (-
For further information	concerning this matter, pleas	se call:	
MICHAEL MCKISIC		at (272-8388 de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	riment of State:
\$35 Filing Fcc	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Indment Section Indicate the Address Indicate the Indic	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

SECTEMBRY OF THE SECTIONS OF CORPORATIONS

(((H15000274191 3)))

15 HOV 17 AM 10: 55

Articles of Amendment to Articles of Incorporation of

CRUISERS MOTOR WORKS, INC.	
(Name of Corporation as current)	v filed with the Florida Dept. of State)
L24530	
(Document Number of	f 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:	
N/A	The new
name must be distinguishable and contain the word "corporatio" "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
	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mulling address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent NA	
. (Florida st	reet address)
New Registered Office Address:	, Florida
NEW REPARETER OFFICE THAT CAST	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature of New	Registered Agent, if changing .

(((H15000274191 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)

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.

Example:

X Change	PŢ	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally_Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	PDST	MICHAEL MCKISIC	4262 N. MAGNOLIA CIRCLE
Add		· ,	DELRAY BEACH, FLORIDA 334
Remove			
2) X Change	VPD	JOSEPH HARTEL	5567 N. LEWIS RD
Add			WEST PALM BÉACH, FL 33415
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Page 2 of 4

(((H15000274191 3)))

E. If amending or adding additional Articles, enter che (Attach additional sheets, if necessary). (Be specific)	ange(s) here:
N/A	•
,	
	<u></u>
<u> </u>	
	•
	,
	- '
F. If an amendment provides for an exchange, reclassing provisions for implementing the amendment if not	ification, or cancellation of issued shares,
(if not applicable, indicate N/A)	conditined to the smendment user:
500 SHARES	

(((H15000274191 3)))

; 305 h ti ciù Seppe Taky of Gillie Division epiegaperahida:

	11/5/2015	15 NOV 17	AM 10: 55
The date of each amendment(s) ad date this document was signed.	option:		, if other than the
Effective date if applicable:			
	(no more than 90 days a,	fter amendment file date)	
Note: If the date inserted in this bidocument's effective date on the De	lock does not meet the applicable star partment of State's records.	tutory filing requirements, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number fficient for approval.	of votes cast for the amendment(s)	
	roved by the shareholders through vot each voting group entitled to vote sept		ı
"The number of votes cast	for the amendment(s) was/were suffici	ent for approval	
by	(voting group)		
	(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 shar	eholder action and shareholder	
11/5/2015			
Dated		•	
Signature X	W		
(By a d	irdetor, president or other officer - if o		
	d, by an incorporator — if in the hands ted fiduciary by that fiduciary)	of a receiver, trustee, or other court	
	MICHAEL MCKISIC		
	(Typed or printed name of	person signing)	
	President		
	(Title of perso	n signing)	