## 150394

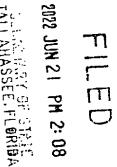
| (R                      | lequestor's Name)      |                                       |
|-------------------------|------------------------|---------------------------------------|
|                         |                        |                                       |
| (A                      | ddress)                | · · · · · · · · · · · · · · · · · · · |
|                         |                        |                                       |
|                         | .ddress)               |                                       |
| (^                      | duless;                |                                       |
|                         |                        |                                       |
| (C                      | ity/State/Zip/Phone #  | 9)                                    |
| PICK-UP                 | ☐ WAIT                 | MAIL                                  |
|                         |                        |                                       |
|                         | tuningan Entitu Blanca | <del>,</del>                          |
| (5                      | Business Entity Name   | ,                                     |
|                         |                        |                                       |
| (C                      | Ocument Number)        |                                       |
|                         |                        |                                       |
| Certified Copies        | Certificates o         | f Status                              |
|                         |                        |                                       |
| <del></del>             |                        |                                       |
| Special Instructions to | o Filing Officer:      |                                       |
|                         |                        |                                       |
|                         |                        |                                       |
|                         |                        |                                       |
|                         |                        |                                       |
|                         |                        |                                       |
|                         |                        |                                       |
|                         |                        |                                       |
|                         |                        |                                       |

Office Use Only



000389729070

06/21/22--01007--008 \*\*105.00





## COVER LETTER

| TO: Amendment Section * Division of Corporations   |
|--|
| NAME OF CORPORATION: Custom Built MATINE (ONSTRUCTION, INC<br>DOCUMENT NUMBER: L50394  |
| DOCUMENT NUMBER: L 50394   |
| The enclosed Articles of Amendment and fee are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:  |
| David H. Corrya JY  Name of Contact Person   |
| Name of Contact Person   |
| Custom Built Marine Construction, INC  |
| Firm/ Company  |
| 3119 Hommond RJ  |
| Custom Built Marine Construction, Inc  Firm/ Company  3119 Hannord Rd  Address  F1 Resce, F1 34946  City/ State and Zip Code   |
| ' City/ State and Zip Code   |
| 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:   |
| Name of Contact Person at (77) 672-9419  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  \$\Bigcup \subseteq \ |

Street Address
Amendment Section

Division of Corporations

The Centre of Tallahassee

Mailing Address
Amendment Section

P.O. Box 6327

Division of Corporations

## Articles of Amendment to Articles of Incorporation of

| (Document   | t Number of Corporation (if k                | iown)   |  |
|---|--|---|--|
| rsuant to the provisions of section 607.1006, Florida Sta<br>Articles of Incorporation:   | atutes, this <i>Florida Profit Cor</i>       | poration adopts the following                             | g amendment(s) to                      |
| . If amending name, enter the new name of the corpo   | oration:                                     |   |  |
| me must be distinguishable and contain the word "corpo<br>inc.," or Co.," or the designation "Corp," "Inc," of<br>hartered," "professional association," or the abbrevial | r "Co". A professional cor                   | orporated" or the abbreviation poration name must contain | _The new<br>on "Corp.,"<br>on the word |
| Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRE  | <u></u>                                      | 7   | - 25 T                                 |
|   |  | ASS   | 72                                     |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |  |   | PM 2: 08                               |
| If amending the registered agent and/or registered new registered agent and/or the new registered officers.   | office address in Florida, en<br>ce address: | ter the name of the                                       |  |
| Name of New Registered Agent  |  |   |  |
|   | (Florida street address)                     |   |  |
| New Registered Office Address:  | (City)                                       | , Florida(Zip C   | ode)                                   |

Signature of New 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)

\_\_ Add

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:                   | ic, ma sa                | uy Sman, Sv as an Ada. |                                      |
|----------------------------|--------------------------|------------------------|--------------------------------------|
| X Change                   | $\overline{\text{b.t.}}$ | <u>John Doe</u>        |                                      |
| X Remove                   | $\underline{\mathbf{V}}$ | Mike Jones             |                                      |
| X Add                      | <u>sv</u>                | Sally Smith            |                                      |
| Type of Action (Check One) | <u>Title</u>             | <u> Мапне</u>          | <u>Addres</u> s                      |
| 1) Change                  | <u>V</u>                 | Lennen Timothy P.      | 3119 Hammod Rd<br>Ft. Acie, F1 34946 |
| Add                        |                          | J.                     | Ft. Acie, F1 34946                   |
| _X_ Remove                 |                          |                        |                                      |
| 2) Change                  |                          |                        |                                      |
| Add                        |                          |                        |                                      |
| Remove Change              |                          |                        |                                      |
| Add                        |                          |                        |                                      |
| Remove                     |                          |                        |                                      |
| 4) Change                  |                          |                        | 1022 J                               |
| Add                        |                          |                        | HAA 2                                |
| Remove                     |                          |                        | SEE G                                |
| 5) Change                  |                          |                        | FEG. 2                               |
| Add                        |                          |                        | * 08                                 |
| Remove                     |                          |                        |                                      |
| 6) Change                  |                          |                        |                                      |
|                            |                          |                        | <del></del>                          |

| amending or adding additional Articles, enter change(s) here:  tach additional sheets, if necessary). (Be specific)  |                |
|--|----------------|
|  |                |
|  |                |
|  |                |
|  | <del></del>    |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  | 200 73         |
|  | AHA 2          |
|  | - <u>5 2 1</u> |
|  | SE             |
|  | F 5 2          |
|  | 08             |
|  | <u> </u>       |
|  |                |
|  |                |
|  |                |
|  |                |
| an amendment provides for an exchange, reclassification, or cancellation of issued sha<br>rovisions for implementing the amendment if not contained in the amendment itself: | ares,          |
| (if not applicable, indicate N/A)  |                |
|  |                |
|  |                |
|  | ·              |
|  | <del></del>    |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |

| •   |  |                               |
|---|--|-------------------------------|
| The date of each amendment(s) at date this document was signed.               | toption:   | if other than the             |
| Effective date if applicable:   |  |                               |
|   | (no more than 90 days after amendment file date)   |                               |
| Note: If the date inserted in this bl<br>document's effective date on the Dep | ock does not meet the applicable statutory filing requirements, this dipartment of State's records.  | ate will not be listed as the |
| Adoption of Amendment(s)  | (CHECK ONE)  |                               |
| ☐ The amendment(s) was/were adopaction was not required.                      | oted by the incorporators, or board of directors without shareholder act   | ion and shareholder           |
| The amendment(s) was/were adop<br>by the shareholders was/were suf            | nted by the shareholders. The number of votes east for the amendment<br>ficient for approval.  | (s)                           |
| must be separately provided for e   | oved by the shareholders through voting groups. The following statements over the amendment over separately on the amendment over the amendment ov | FIL<br>BR JUN 21              |
| by  |  | 2 -                           |
| DatedSignature(By a direscented,  | tvoting groups  ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other cour fiduciary by that fiduciary)  I M Lenno  (Typed or printed name of person signing)   | ED PM 2: 08                   |
|   | () yped or printed name of person signing)   |                               |
|   | rrx  |                               |