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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	SPUB Marine	Turtle Postrol, Inc	
DOCUMENT NUMBER:	N15000001795		
The enclosed Articles of Amendment an	I fee are submitted for filing.		
Please return all correspondence concern	ing this matter to the following:		
M	Janie Z. Cavan	augh	
	(Name of Contact Person)		
SP	VB Marine Tusti	e PatroliInc	
	(Firm/ Company)		
~	390 Ocean fore	st Drive a	
	(Address)	Ţ,	
<u> </u>	St Augustine, FL	32080	
	(City/ State and Zip Code)		
S	pubmarineturtle	natrol a gmail. com	
E-mail addres	s: (to be used for future annual report not	dication)	
For further information concerning this n	atter, please call:		
Nelarive (Name of Co	entact Person) at (Area	(901) 606-9550 Code) (Daytime Telephone Number)	
Enclosed is a check for the following am	ount made payable to the Florida Departu	nent of State:	
	Filing Fee & \$\Bigsiz\$ \$\\$43.75 \text{ Filing Fee & E} to of Status	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section Division of Corporatio P.O. Box 6327 Tallahasson FL 32314	ns Division o Clifton Br	nt Section of Corporations	

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

	of			
SPUB Marine	Turtle	Patrol	Inc.	
(Name of Corporation as current	y filed with the Flo	rida Dent, of State	<u> </u>	
N150000	31795			
(Document Number	r of Corporation (if k	nown)		
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	, this <i>Florida Not Fo</i>	or Profit Corporati	on adopts the follow	ing
A. If amending name, enter the new name of the corporation	<u>n:</u>			
n/a			The n	ew
name must be distinguishable and contain the word "corporatio "Company" or "Co." may not be used in the name.	on" or "incorporate	d" or the abbrevial	ion "Corp." or "Inc	
B. Enter new principal office address, if applicable:	nla			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)				<u>ز</u> .
-			တ	貴族
		<u> </u>		유철
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	nla		(3)	70 50 XXX
			25.	<u> </u>
-		 		HAR AT
			<u> </u>	ოლ_ო
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		enter the name o	<u>f the</u>	ir G
Name of New Registered Agent:	nla			
	(F	lorida street address)	······································	_
New Registered Office Address:				
		, Flo	orida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered A				
I hereby accept the appointment as registered agent. I am fam	iliar with and accept	the obligations of	the position,	
Sig	mature of New Regis	tered Agent if cha	naina	

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: XChange X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doc Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	0	Suzanne Schuste	r 2867 S. Ponte Vedra
Add			Ponte Vedra Beach, FL
Remove			32089
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		-	
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Artitach additional sheets, if necessary).	(Be specific)		
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The date of each amendment(s) adoptio	n: 513913018	, if other than the
date this document was signed. Effective date if applicable:	5129/2018	
in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departm	es not meet the applicable statutory filing requirements, this ent of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes east for the ame	ndment(s)
There are no members or members enadopted by the board of directors.	ntitled to vote on the amendment(s). The amendment(s) was	as/were
Dated	14/2018	
Signature	Lane 6. Couanay or vice chairman of the board, president or other officer-if	
have not been sele	or vice chairman of the board, president or other officer-if (ected, by an incorporator – if in the hands of a receiver, trunted fiduciary by that fiduciary)	
N	relanie Z. Cavanaugh	
	(Typed or printed name of person signing)	
	president (Title of person signing)	
	(Title of person signing)	