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<u> </u>	equestor's Name)	<u> </u>
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N: ZbAB	MarineT	urtle PatroliInc.
DOCUMENT NUMBER: _	N15000	001795	
The enclosed Articles of Ame		ed for filing.	
-		_	
Please return all corresponder	ice concerning this matter to	the following:	
	Melanie Z.	Cavanau	gh
	(N:	ame of Contact Perso	n)
	SPYB Ma	rine Tur	tie Patrol, Inc.
		(Firm/ Company)	
	390 Oce	an Fores	t Drive
		(Address)	
	St. Augu	stine, F	L 32080
	(Ci	ty/ State and Zip Cod	c)
	Spyb mar	ine turtle	patrol a gmail.com
E-	mail address: (to be used for	future annual report	notification)
For further information conce	rning this matter, please call	:	
1	Melanie Z. C	avanaygh	(901) 606 - 955 O
(Name of Contact Person)	(A	rea Code) (Daytime Telephone Number)
Enclosed is a check for the fo			
\$35 Filling Fee		43.75 Filing Fee & Certified Copy Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Ac			Address
Amendmen Division of	t Section Corporations		Inent Section on Corporations
P.O. Box 6			n Building
Tallahassee			Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

		01		
261B	Marine	Turtle	Patrol	Inc.
(Name o	f Corporation as curre	ntly filed with the F	lorida Dept. of Sta	te)
	N1500C	001795		
	(Document Numi	ber of Corporation (i	f known)	
ursuant to the provisions of section		les, this <i>Florida Not</i>	For Profit Corpora	tion adopts the following
mendment(s) to its Articles of Incom	poration.			
If amending name, enter the no	w name of the corpora	tion:		
	Ma			The new
ame must be distinguishable and co		ation" or "incorpora	ited" or the abb <mark>re</mark> vi	ation "Corp." or "Inc."
Company" or "Co." may not be us	eu in ine name.	,		
Enter new principal office add		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	<u>a</u>	
rincipal office address <u>MUST BE</u>	. A STREET ADDRESS	,)		
				SE ZOIS
				<u> </u>
Enter new mailing address, if		nla		
(Mailing address <u>MAY BE A P</u>	<u>DST OFFICE BOX</u>)			10 2 40 1
				73 7
				5 4
		<u></u>		5 N 5
If amending the registered age			da, enter the name	of the
new registered agent and/or th	e new registered office	address:		
Name of New Reg	i <u>stered Agent</u> :	inla		
			(Florida street address)	1
<u>New Registered (</u>	<u>Muce Address</u> ;			
				Florida
		(City)		(Zip Code)
ew Registered Agent's Signature	, if changing Registered	l Agent:		
nereby accept the appointment as i			ept the obligations o	of the position.
		nla		
	,	Sig <mark>nature</mark> of New Rey	gistered Agent, if ch	anging

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 X Remove X Add	PT John I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove	D	Patty Smith-Labye	145 Turtle Cove Ct. Ponte Vedra Beach, Fl. 32082
2) Change Add Remove		,	
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

ttach additional sheets, if necessary).	(Be specific)					
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The date of each amen	dment(s) adoption: 6/18/18	, if other than the
late this document was	signed.	
Effective date <u>if applic</u>		
	(no more than 90 days after amendment file date)	
	ed in this block does not meet the applicable statutory filing requirements, this date will also on the Department of State's records.	not be listed as the
Adoption of Amendme	ent(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) if for approval.	
There are no memiadopted by the box	bers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.	
Dated	Tliolig	
Signature	(By the chairman or vice chairman of the board, president or other officer-if directors	
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Melanie 2. Covanaugh (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Oresident (Title of person signing)	
	(Title of person signing)	