N1400000 8681

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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	South Atlantic Fishermen, Inc.
	N1600008681
DOCUMENT NUMBER: _	
The enclosed Articles of Ame	endment and fee are submitted for filing.
Please return all corresponde	nce concerning this matter to the following:
Jonathan Reynolds	
	(Name of Contact Person)
	(Firm/ Company)
352501 S.W. 177th Court, #	9
	(Address)
Homestead, FL 33034	
	(City/ State and Zip Code)
dropbackcharters@yahoo.co	m
E	mail address: (to be used for future annual report notification)
For further information conce	erning this matter, please call:
Jonathan Reynolds	305-393-1311 at
((Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made payable to the Florida Department of State:
\$35 Filing Fee	Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



South Atlantic Fisherman, Inc.

2016 SEP 22 AM 8: 40

(Name of Corporation as currently filed with the Florida Dept. of State)

N16000008681	- 40 - 411 - 471	<u>., mea 11,111 (11</u>	e riorda Dept. (i State)
(Docum	ment Numbe	er of Corporation	n (if known)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida N</i>	Not For Profit Corporation adopts the followin
A. If amending name, enter the new name of the	e corporati	on:	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ion" or "incorp	The new orated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica	_	N/A	
(Principal office address <u>MUST BE A STREET A</u>	(DDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	N/A	
D. If amending the registered agent and/or reginew registered agent and/or the new register			orida, enter the name of the
Name of New Registered Agent:	<u>N/Λ</u>		
New Registered Office Address:			(Florida street address)
	N/A		, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen			accept the obligations of the position.
_	Sig	nature 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)

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	<u>V Mil</u>	n Doe ce Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Ray Rosher	9490 S.W. 109 Terrace
X Add		····	Miami, FL 33176
Remove			
2) Change	VP	Jonathan Reynolds	35250 S.W. 177th Court, #9
X Add			Homestead, FL 33034
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add	- -		
Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)		
N/A			
.,,		 	<u>.</u>
		 	 -

	te this document was signed.		FIGURE TARY OF STATE SINCE
Eff	Fective date <u>if applicable</u> :		
	(no more than 90 d	days after amendment file date)	2016 SEP 22 AM 8: 4(
	te: If the date inserted in this block does not meet the appl cument's effective date on the Department of State's record		ents, this date will not be listed as the
Ad	loption of Amendment(s) (CHECK ONE)		
	The amendment(s) was/were adopted by the members an was/were sufficient for approval.	nd the number of votes cast for the	he amendment(s)
	There are no members or members entitled to vote on the adopted by the board of directors.	c amendment(s). The amendment	nt(s) was/were
	Signature (By the chairman or vice chairman of the have not been selected, by an incorporate other court appointed fiduciary by the Jonathan Reynolds (Typed or	rator - if in the hands of a recei-	ver, trustee, or
	Vice President		
		(Title of person signing)	