N1600000 8683

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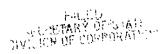
COVER LETTER

TO: Amendment Section

Division of Corporations South Atlantic Fishing Environmentalists, Inc. NAME OF CORPORATION: N16000008683 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence 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.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jonathan Reynolds 305-393-1311 (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 \$\sum \\$43.75 Filing Fee & \$\sum \\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



South Atlantic Fishermen Environmentalists, Inc.

2016 SEP 22 AM 8: 33

(Name of Corporation	as currently filed with the Fl	orida Dept. of State)
N16000008683		
(Docum	ent Number of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida Not 1</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
N/A		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applical	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	N/A N/A	
		
D. If amending the registered agent and/or regis	tered office address in Florid	a, enter the name of the
new registered agent and/or the new register		
Name of New Registered Agent:	N/A	
		(Florida street address)
New Registered Office Address:		
	N/A	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agen		pt the obligations of the position.
22) Hoose and approximation and approxima		, G. J (1
-	Signature of New Rea	istered 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	PT John Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	Title	<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 Articles, enter cha (attach additional sheets, if necessary). (Be specific)	minital no and sign.
N/A	

The date of each amendme	8/30/16		if other then the
date this document was sign	• • • • • • • • • • • • • • • • • • • •	Pol. I.L	_, if other than the
Effective date if applicable	8/30/16	CHO 30 HOLEIVIL	PA(E)
Directive date <u>is applicable</u>	(no more than 90 days after amendment file date)	2016 SEP 22 AM	8: 33
	this block does not meet the applicable statutory filing requirement the Department of State's records.	nts, this date will not b	e listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)		
The amendment(s) was was/were sufficient for	/were adopted by the members and the number of votes cast for th approval.	e amendment(s)	
There are no members adopted by the board of	or members entitled to vote on the amendment(s). The amendment of directors.	nt(s) was/were	
Dated Signature (B)	the chairman or vice chairman of the board, president or other office not been selected, by an incorporator – if in the hands of a receiv		_
	er court appointed fiduciary by that fiduciary)	,	
J	onathan Reynolds		
_	(Typed or printed name of person signing)		
,	Vice President		
	(Title of person signing)		