## N 22000 6136

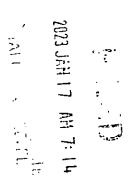
| (Re                     | questor's Name)   | <u>.</u>    |
|-------------------------|-------------------|-------------|
|                         |                   |             |
| (Ad                     | dress)            |             |
|                         |                   |             |
| (Ad                     | dress)            |             |
| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | ne)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |

Office Use Only



100322195511

01/17/23--01021--018 \*\*35.00



Exor/02/5

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, Fl. 32314

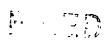
. .

| NAME OF CORPORATION: Martin County Mar                                   | iners, Corp  |   |   |
|--|--|---|---|
| DOCUMENT NUMBER: N22000006136  |  |   |   |
| The enclosed Articles of Amendment and fee are sub                       | mitted for filing.   |   |   |
| Please return all correspondence concerning this mate                    | ter to the following:  |   |   |
| Leeahna Grier  |  |   |   |
|  | (Name of Contact P   | erson)  |   |
|  | (Firm/ Compan  | y)  |   |
| 1002 SW 32nd St  |  |   |   |
|  | (Address)  |   |   |
| Palm City, Fl 3490   |  |   |   |
|  | (City/ State and Zip   | Code)   |   |
| presidentmcyouthbb@gmail.com   |  |   |   |
| E-mail address: (to be use   | d for future annual re   | port notification   | n)  |
| For further information concerning this matter, please                   | e call:  |   |   |
| Leeahna Grier  | at   | 561   | 262-5146  |
| (Name of Contact Persor  |  |   | (Daytime Telephone Number)                                  |
| Enclosed is a check for the following amount made p                      | ayable to the Florida  | Department of   | State:  |
| ■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status            | ☐\$43.75 Filing Fee<br>Certified Copy<br>(Additional copy<br>enclosed) | Certif<br>is Certif   | D Filing Fee icate of Status ied Copy tional Copy is issed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | At<br>Di   | reet Address<br>nendment Sectivision of Corpo<br>ne Centre of T | orations  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



## MARTIN COUNTY MARINERS, CORP

| (Name of Corporation as currently filed with the Flo  | orida Dent. of State)  | 2023 JAH 17 AH 7: 14   |
|---|--|--|
| N22000006136  | <del> </del>   |  |
| (Document   | Number of Corporation (if known)   | The state of the s |
| Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:    | Statutes, this Florida Not For Profit Co.  | rporation adopts the following   |
| A. If amending name, enter the new name of the con  | poration:  |  |
| N/A   |  | The new  |
| name must be distinguishable and contain the word "co<br>"Company" or "Co." may not be used in the name.  | orporation" or "incorporated" or the ab  |  |
| B. Enter new principal office address, if applicable:   | N/A  |  |
| (Principal office address MUST BE A STREET ADDI   |  |  |
|   | N/A  |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX                    | 0 <u>N/A</u>   |  |
|   | N/A  |  |
|   | N/A  |  |
| D. If amending the registered agent and/or registere  |  | name of the  |
| new registered agent and/or the new registered o  | ffice address:   |  |
| Name of New Registered Agent:   | ahna Grier   |  |
| 100   | 2 SW 32nd St   |  |
|   | (Florida street ad   | dress)   |
| <u>New Registered Office Address</u> :<br>Pali  | m City   | , Florida 34990  |
|   | (City)   | (Zip Code)   |
| New Registered Agent's Signature, if changing Regis  I hereby accept the appointment as registered agent. | stered Agent:  I'm familiar with and accept the obligati  Sivnature of New Revisiered Avent. | ions of the position.  |

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.

| <u>V</u> <u>Mike Jo</u> | <u>nes</u>                                       |  |
|-------------------------|--|--|
| <u>Title</u>            | <u>Name</u>                                      | Address  |
| <u>P</u>                | Lecahna Grier                                    | 1002 SW 32nd St<br>Palm City, FL 34990   |
|                         |  |  |
| <u>VP</u>               | Shannon Scalise                                  | 4271 SE Lincoln St<br>Stuart, FL 34997   |
| <u>T</u>                | Brandi McKenney                                  | 4941 SW Lake Grove Circle<br>Palm City, FL 34990                                       |
| <u>S</u>                | Kristen Neves                                    | 4314 SW Citrus Blvd<br>Palm City, FL 34990   |
|                         |  |  |
|                         |  |  |
|                         |  |  |
|                         |  |  |
|                         |  |  |
|                         | SV Sally Sr Title  P  VP  T  S  additional Artic | SV Sally Smith   Title Name   P Lecahna Grier   VP Shannon Scalise   T Brandi McKenney |

| •                                   |   |                     |
|-------------------------------------|---|---------------------|
| •                                   |   |                     |
|                                     |   | <del></del>         |
|                                     |   |                     |
|                                     |   |                     |
|                                     |   | <del></del>         |
|                                     |   |                     |
|                                     | · · · · · · · · · · · · · · · · · · ·   |                     |
|                                     |   |                     |
|                                     |   |                     |
|                                     |   |                     |
|                                     |   |                     |
|                                     |   |                     |
|                                     |   |                     |
|                                     |   |                     |
|                                     |   |                     |
|                                     |   |                     |
|                                     |   |                     |
|                                     |   | <del></del>         |
|                                     |   |                     |
| ******                              | · · · · · · · · · · · · · · · · · · ·   | ·                   |
|                                     |   |                     |
|                                     |   |                     |
|                                     |   | <del></del>         |
|                                     |   |                     |
|                                     |   |                     |
|                                     |   |                     |
|                                     |   |                     |
|                                     |   |                     |
|                                     |   |                     |
|                                     |   |                     |
|                                     |   |                     |
|                                     |   |                     |
|                                     |   |                     |
|                                     |   |                     |
|                                     |   |                     |
|                                     |   |                     |
|                                     |   |                     |
|                                     |   |                     |
| The day of each amendment of a dead |   | te a a a a a        |
| date this document was signed.      | on:   | , if other than the |
| Effective date if applicable:       |   |                     |
|                                     | (no more than 90 days after amendment file date)                              |                     |
|                                     | oes not meet the applicable statutory filing requirements, this date will not | be listed as the    |
| Adoption of Amendment(s)            | (CHECK ONE)   |                     |

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

| There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. |
|--|
| Dated 01 09 2023   |
| Signature Leabhad Commander  |
| (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)   |
| heedma Grier   |
| (Typed or printed name of person signing)  |
| Longua Drosidant   |
| (Title of person signing)  |
|  |