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COVER	LETTER

TO:	Amendment S	Section
	Division of C	amoration

Division	of	Corporations
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Maritime Parent council NAME OF CORPORATION: 3000010761 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ourthey Carter Maritime Parent (ounal (Firm/ Company) 140' Bayon (Address) Janama 324D (City/ State and Zip Code) amail.com E-mail address: (to be used for luture annual report notification) For further information concerning this matter, please call: Courtney Carter at (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: <u>\_\_\_</u> \$52.50 Filing Fee □ \$35 Filing Fec □ \$43.75 Filing Fee & □ \$43.75 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahussee, FL 32314 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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(Name of Corporation as currently filed with the Florida	Dept. of State)	- í	
Maritime	Paren	avna	
(Document Num	ber of Corporation (if ki	iown)	
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the f	following
A. If amending name, enter the new name of the corpora	ition:		
			The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ation" or "incorporated	l" or the abbreviation "Corp." o	r ''Inc.''
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	$(\underline{\Sigma})$		
	·······		
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )			
			-
			_ •
D. If amonding the registered spart and/or registered of	Gue addama in Florid	stands fill	753
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		enter the name of the	
Name of New Registered Agent:			
			ت س
New Registered Office Address:	(F1	orida street address)	
		, Florida	
	(Сіңу)	(Zip Code)	
New Registered Agent's Signature, if changing Registere	d Agent:		
<i>Thereby accept the appointment as registered agent. I am f</i>		the obligations of the position.	

Signature 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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>V</u> <u>Mik</u>	n Doe se Jones ly Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1)Change Add				
Remove				
2) Change Add				
3) Remove Change Add Remove	. <u></u>			
4) Change Add	<u>.</u>			
Remove				
5) Change Add				
Remove				_ <u>_</u>
6) Change Add				
Remove				
E. If amending or ad	ding additional	Articles, enter change(s) here:		

(attach additional sheets, if necessary). (Be specific)



Revenue lode or corresponding section any future federal tox code, or shall be distributed to the federal gove or to a state or local government, a public purpose.	n of ment for
	<u>, r</u>
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	<del>ر آر</del>
The date of each amendment(s) adoption:	if other than the
Effective date if applicable:	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will r document's effective date on the Department of State's records.	tot be listed as the

Adoption of Amendment(s)

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

(CHECK ONE)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

W). Dated Signature

V

(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)

(Typed or pringed name of person signing)

(Title of person signing)

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