

PO1 000063559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

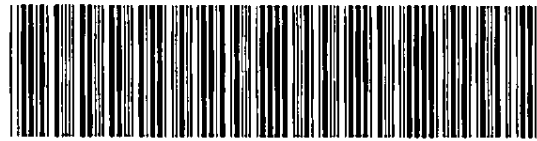
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

2023 NOV 17 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 NOV 17 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. BUTLER

NOV 20 2023

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$35.00

AUTHORIZATION SIGNATURE: _____
Miami River Marine Village Inc. P01000063559
BUSINESS (Name) Document #

- Walk in Pick up time _____
- Mail out Will wait
- Photocopy
- Certified Copy
- Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other
- CORP**

AMMENDMENTS

- Amendment
- Resignation
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger
- Conversion

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATIONS

- Foreign filing
- Limited Partnership
- Reinstatement

APOSTIL () _____
Country

Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MIAMI River MARine VILLAGE-INC

DOCUMENT NUMBER: PO10000163559

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Pollard
Name of Contact Person

MIAMI River MARine VILLAGE INC
Firm/ Company

31 GARDEN COVE DRIVE
Address

Key Largo FL 33037
City/ State and Zip Code

Mike Pollard 3030@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Pollard at (904) 3769763
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 \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FILED

Miami River Marine Village, Inc

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

PO 1000063559

(Document Number of Corporation (if known))

SECRET
STATE

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

300 Alton Rd Miami
Beach FL 33139

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

4830 Arid Ave #2065
Las Vegas NV 89115

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

Michael Pollard

3501 W Beaver Street

(Florida Street address)

New Registered Office Address:

Jacksonville

(City)

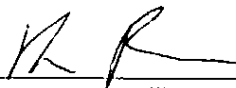
Florida

32209

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|------------|----------------------------|---|
| 1) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>MGM</u> | <u>CHENOWETH MICHAEL E</u> | <u>31 GARDEN COVE DRIVE</u>
<u>KEY LARGO FL 33037</u> |
| 2) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>S</u> | <u>PIERCE PAMELA B</u> | <u>31 GARDEN COVE DRIVE</u>
<u>KEY LARGO FL 33037</u> |
| 3) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>PDT</u> | <u>MICHAEL POLLARD</u> | <u>4830 ARIPO AVE</u>
<u>#2065 LAS VEGAS NV</u>
<u>89115</u> |
| 4) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>P.</u> | <u>MICHAEL POLLARD</u> | <u>390 ALTON RD #2</u>
<u>MIAMI BEACH, FL</u>
<u>33139</u> |
| 5) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>MGR</u> | <u>MICHAEL POLLARD</u> | <u>1450 BRICKELL AVE</u>
<u>SUITE 2780 MIAMI FL</u>
<u>33131</u> |
| 6) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>D.</u> | <u>MICHAEL POLLARD</u> | <u>9400 S SANTA MONICA BLV</u>
<u>BEVERLY HILLS, CA</u>
<u>90210</u> |
| <input checked="" type="checkbox"/> Add | <u>I</u> | <u>MICHAEL POLLARD</u> | <u>CUNARD HOUSE, 15</u>
<u>REGENT STREET LONDON</u>
<u>UNITED KINGDOM SW1Y 4LI</u>
<u>SW1Y 4LI</u> |

D/ADD

E. If amending or adding additional Articles, enter change(s) here:

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

Up D Ateins trust

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: Oct 23-23, if other than the date this document was signed.

Effective date if applicable: Oct 22-23
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

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

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendments):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

Dated Oct 22-23

Signature RW Beneficiary of Estate
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

RW Beneficiary of Estate
(Typed or printed name of person signing)

RW Beneficiary of Estate
(Title of person signing)