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COVER LETTER

TO: Amendment Section Division of Corporations

ME OF CORPORATION: ORLY'S MARINE COVERING & INTERIOR, INC

DOGUMENT NUMBER: _____

P02000022213

effection of Amendment and fee are submitted for filing.

Pleaserreturn all correspondence concerning this matter to the following:

JORGE SALAS

Name of Contact Person

Firm/ Company

186 WESTWARD DRIVE STE B

Address

MIAMI SPRING, FL 33166

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 at (305)
 772-4566

 Name of Contact Person
 Area Code & Daytime Telephone Number

closed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

□ \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy
 (Additional copy is enclosed)

Street Address

□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations Di0. Box 6327 Fallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 ₩.,

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Articles of Amendment to **Articles of Incorporation** of

ORLY'S MARINE COVERING & INTERIOR, INC

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

P02000022213

(Document Number of Corporation (if known)

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

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

The new. mermust 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." 0

	Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADDRESS</u> <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>))	11 SEP 13 PM 1: 10	FILED STATISTS	
D.	If amending the registered agent and/or registered offinew registered agent and/or the new registered office a				
	Name of New Registered Agent:				
	New Registered Office Address: (Flo	orida street address)			

(Florida street address)

(City)

Florida_ (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

Page 1 of 3

<u>Fitle</u>	<u>Name</u>		Address	Type of Actio
VP/D	PIELH, RAYMON	D 1	17 WHITE MORW DRIVE MIAMI SPRING, FL 33166	□ Add ☑ Remove
<u>/P/D</u>	GONZALEZ, OSN	IEL	<u>1693 SW 154 PATH</u> MIAMI, FL 33185	☑ Add □ Remove
<u>S/D</u>	<u>GONZALEZ, BRA</u>		3105 SW 24 STREET MIAMI, FL 33145	Add
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