PO2 0000 49818

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: AIRBOATS & AL	LIGATORS INC.	
DOCUMENT NUM	1BER:		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Maria Bryant		
		Name of Contact Person	n
	The Haba Law Firm		
		Firm/ Company	-
	12420 Pebble Stone Court		
	<u> </u>	Address	
	Fort Myers FL 33913		
		City/ State and Zip Cod	е
	mariabryant@habalaw.com		
	• •	sed for future annual report	notification)
For further informati Maria Bryant	on concerning this matter, pleas	se call: at (
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Divisio The C	Address Iment Section on of Corporations Ientre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

AIRBOATS & ALLIGATORS INC.

(Name of Corporation as cu	urrently filed with the Florida Dept. of State)
P02000049818	
(Document Nur	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporati	i <mark>on:</mark> The new
name must be distinguishable and contain the word "corporatio "Inc.," or Co" or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>))
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered officenew registered agent and/or the new registered office ac	ce address in Florida, enter the name of the ddress:
Name of New Registered Agent	
	orida street address)
(1112)	
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	Agent: miliar with and accept the obligations of the position.
	miliar with and accept the obligations of the position.
Signature of	New Registered Agent, if changing
Check if applicable	~. N

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)

Example:

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>PT</u>	John Doe	
$\underline{\mathbf{Y}}$	Mike Jones	
<u>sv</u>	Sally Smith	
<u>Title</u>	<u>Name</u>	<u>Addres</u> s
D	Edward R. Olesky	6001 Lake Trafford Road
		Immokalee FL 34142
D	Edward Ronald Olesky Revocable Trust	6001 Lake Trafford Road
		Immokalee FL 34142
		
	Y SV Title D	Y Mike Jones SV Sally Smith Title Name D Edward R. Olesky

	ary). (Be specific)				
					
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	·				
an amendment provides for an	n exchange, reclassi	fication, or cance	llation of issued	shares,	
provisions for implementing the	e amendment if not	fication, or cance	llation of issued amendment itse	<u>shares,</u> f:	
an amendment provides for an provisions for implementing the (if not applicable, indicate N	e amendment if not	fication, or cance contained in the	llation of issued amendment itse	shares, f:	
provisions for implementing the	e amendment if not	fication, or cance contained in the	llation of issued amendment itse	shares, f:	
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provisions for implementing the	e amendment if not	fication, or cance contained in the	llation of issued amendment itse	shares, f:	

	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirement partment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the am ficient for approval.	iendment(s)
	roved by the shareholders through voting groups. The following arch voting group entitled to vote separately on the amendment	
"The number of votes east	or the amendment(s) was/were sufficient for approval	202
by		7.021 JUL 27
	(voting group)	5)
_	6 9 6	
Dated 7	2021 - E	P: .
<u> </u>	1911/11/14	?
Signature		
(Bý á di	ector, president or other officer - if directors or officers have	
	, by an incorporator – if in the hands of a receiver, trustee, or	other court
appoint	ed fiduciary by that fiduciary)	
	Edward Oksky	
	(Typed or printed name of person signing)	
	Director	
-	(Title of person signing)	