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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: INDIAN RIVER C	RANE SERVICE, INC.					
DOCUMENT NUME	P04000071819						
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.					
Please return all corres	spondence concerning this mat	tter to the following:					
	REBECCA BEEBE						
	Name of Contact Person						
	Firm/ Company						
	9060 101ST CT.						
		Address					
	VERO BEACH, FL 32967						
		City/ State and Zip Code	:				
	Becky.0814@yahoo.com						
	E-mail address: (to be us	ed for future annual report	notification)				
For further information	n concerning this matter, pleas	se call:					
REBECCA BEEBE		at ( <sup>772</sup>	473-8402				
Name o	of Contact Person	Area Coo	te & Daytime Telephone Number				
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	rtment 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		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303				

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

Ar	rticles of Incorporation	•••
INDIAN RIVER CRANE SERVICE, INC.	of	FILED
(Name of Corneration	as surrently filed with the Florida	Dan 200 com
P04000071819	as currently filed with the Florida	Ser 27 AH 10:01
	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida S ats Articles of Incorporation:	Statutes, this <i>Florida Profit Corporati</i>	ion adopts the following amendment(s)
A. If amending name, enter the new name of the corp	poration:	
		The new
name must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevio	or "Co". A professional corporati	ited" or the abbreviation "Corp.," on name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	CESS)	
. "	<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered	d office address in Florida, enter th	e name of the
new registered agent and/or the new registered of		<del> </del>
Name of New Presistance Account		
Name of New Registered Agent	<del></del>	
	(Florida street address)	
	(Fioriaa sireei aaaress)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
N D A IA A CL A CL A D A		
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I a		ations of the position.
	g.	
Signatu	we of New Registered Agent, if chang	ing
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)

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.

X Change	PT	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jor	nes	
X Add	<u>sv</u>	Sally Sm	<u>iith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) X Change	VTD	_	REBECCA BEEBE	9060 101ST CT.
Add				VERO BEACH, FL 32967
Remove 2) Change	s	_	BRANDON M BEEBE	9060 101ST CT.
X Add				VERO BEACH, FL 32967
Remove Change		_		
Add				
Remove 4) Change				
Add		_		
Remove				
5) Change Add		<del>_</del>		
Remove				
6) Change		_		
Add				-
KCHIOVC				

. If amending or adding additional Arti (Attach additional sheets, if necessary).	
. If an amendment provides for an exch	range, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
<del> </del>	<del></del>
	<del></del>

The date of each amendment(s) acdate this document was signed.	loption:		, if other than the
Effective date <u>if applicable</u> :			
	(no more than 90 c	days after amendment file date)	
<b>Note:</b> If the date inserted in this bidocument's effective date on the De		ble statutory filing requirements, 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 bo	oard of directors without shareholder action and	shareholder
■ The amendment(s) was/were ado by the shareholders was/were su		number of votes east for the amendment(s)	
		ngh voting groups. The following statement one separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were	sufficient for approval	
by		<u> </u>	
	(voting group)		
12/20/: Dated			
a:	Cubuna Bachar		
(By a di selected	rector, president or other officer	r – if directors or officers have not been hands of a receiver, trustee, or other court	_
	REBECCA BEEBE		
	(Typed or printed na	ame of person signing)	
	DIRECTOR		

(Title of person signing)