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JUN 12 2019 S. YOUNG SUCRETARION STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Greg Orick 11 Marine Const. In
DOCUMENT NUMBER: P05000155547
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
E'libe Tozzi Name of Contact Person Greg Orick Il Marina Const. Inc. Firm/Company
Firm/Company 2815 Bayview Dr. Address
City/ State and Zip Code
in Foo orick morine. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
E'libe Tozzi at (239) 949-5588 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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Grea DRICK IT Marine Co.	nstruction in c
~	filed with the Florida Dept. of State)
FEIN 20-3856295	P0500015557
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "i	To". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	2815 Bayriew Drive Naples, Fr 3412
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2815 Bayview Dr. 5 Naples, FL 3411 & 7
D. If amending the registered agent and/or registered office addr- new registered agent and/or the new registered office address:	
Name of New Registered Agent \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
2815 (Florida stre	er address)
New Registered Office Address:	City) . Florida 34112 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar w	ith and accept the obligations of the position.
NA	
Signature of New Re	rgistered 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:	ove, una sany sman, sv as an saa.	
X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) X Change		 2815 Bayview Dr
Add Remove		naples FL 3411
2) Change	N A	
Add		
Remove 3) Change	N/n	
Add	,	
Remove	Δ	
4) Change Add	(4 (1)	
Remove	Nla	
5) Change	N/A	
Add Remove		
6) Change	NA	
Add	•	
D. marin		

	ig or adding addi t litional sheets, if ne		les, enter cha (Be specific)	nge(s) here:			
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	other than the
Effective date if applicable: May 22rd 12019	
Effective date if applicable:	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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 amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated May 27 nd , 2019	
Signature J. Osin II	
(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)	
A .	
Gregory L. ORICK IT	
owner/president	
(Tale of person signing)	