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## **COVER LETTER**

TO: Amendment Section

Division of Corporations **AIR** MARINE CRAFT PARTS, INC NAME OF CORPORATION: P06000010716 DOCUMENT NUMBER: \_ The enclosed *Articles of Amendment* and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CLAUDIA GUERRERO Name of Contact Person PREFERRED ACCOUNTAX CENTER INC Firm/ Company 4169 NE 14TH ST Address HOMESTEAD, FL 33033 City/ State and Zip Code claudia867@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Claudia Guerrero Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐ \$43.75 Filing Fee & **✓** \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

AIR: E MARINE	CRAFT PARTS,	, INC	
(Name of Corporation as currently	y filed with the Florid	a Dept. of State)	
P0600	0010716		
(Document Number	of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, F amendment(s) to its Articles of Incorporation:	lorida Statutes, this F	lorida Profit Corporation ado <sub>l</sub>	pts the following
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the des name must contain the word "chartered." "profess  B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE of the contains of the registered agent and/or registered agent ag	ignation "Corp," "Incional association," or  ble: DDRESS)  BOX)  stered office address in	e," or "Co". A professional control the abbreviation "P.A."	SECRETARY OF STATE SECRETARY OF
new registered agent and/or the new register	ed office address:		
Name of New Registered Agent:			
New Registered Office Address:	(Florida street a	uddress)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		nd accept the obligations of the	position.

Signature of New Registered 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u> </u>	NOHORA C. DUQUE	213 SW 120TH AVE PEMBROKE PINES, FL 33025	
T	ANA M. DUQUE	213 SW 120TH AVE PEMBROKE PINES, FL 33025	
			Add Remove
	ding or adding additional Articles, edditional sheets, if necessary). (Be s		
			· · · · · ·
	,		
provisi		, reclassification, or cancellation of iss	
•			

The date of each amendmen	t(s) adoption: 07	7/06/2011
Effective date if applicable:	07/06/2011	(date of adoption is required)
<del></del>	(no more than 9	90 days after amendment file date)
Adoption of Amendment(s)	( <u>C</u> H	IECK ONE)
The amendment(s) was/we by the shareholders was/w		shareholders. The number of votes cast for the amendment(sapproval,
		ne shareholders through voting groups. The following statemed group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amen	idment(s) was/were sufficient for approval
by	(voting group)	
	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the	board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the	incorporators without shareholder action and shareholder
	a director, presid	dent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court
	pointed fiduciary t	
	Mole	ped or printed hame of person signing)
	(Ту	ped or printed hame of person signing)
	Pre	esident
,	(Title o	f person signing)