## P06000119465

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	ON:	orklift & Marine I	nc		
DOCUMENT NUMBER:	11	206000119465			
The enclosed Articles of An	nendment and fee are su	bmitted for filing.			
Please return all correspond	ence concerning this ma	tter to the followin	ត:		
		Chrysostomos A	Arianas		
Name of Contact Person					
		J&C Forklift & M	arine Inc	<u>:</u>	
<u></u>		Firm/ Com	pany	<del>-</del>	
		1215 Oak Mead	la <b>oi</b> roint	t	
New Port Richey F1, 34655					
		City/ State and	Zip Cod	ie .	
For further information con-	cerning this matter, pleas		727	271-6732	
Chrysostomos Arianas at ( 727 ) 271-6732  Name of Contact Person Area Code & Daytime Teleptor		) ode & Daytime Telephone Number			
Enclosed is a check for the	following amount made	payable to the Flor	ida Depa	artment of State:	
S35 Filing Fee [	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional co- enclosed)	y	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address  Amendment Section				Address dment Section	
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

J & C Forklift & Marine Inc

## (Name of Corporation as currently filed with the Florida Dept. of State) P06000119465 (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: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: \_ (Ciţy) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and 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)

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	<u>101</u> T <u>9</u>	<u>ın Doe</u>			
X Remove	<u>V</u> <u>Mi</u>	Mike Jones			
X Add	<u>SV</u> <u>Sal</u>	Ily Smith			
Type of Action (Check One)	Title	Name	<u>Addres</u> s		
1) Change	P	Chrysostomos Arianas	1215 Oak Meadow Point		
Add			New Port Richey FL 34655		
X Remove					
2) Change	P	Stavros Arianas	1215 Oak Meadow Point		
X Add			New Port Richey FL 34655		
Remove					
3.) Change		<del></del>			
Add					
Remove			79		
4) Change					
Add			1		
Remove					
5) Change			ල <u> </u>		
Add					
Remove					
6) Change					
Add			·		
Remove					

If amending or adding additional Articles, enter e Attach additional sheets, if necessary).— (Be specifi	(c)
	5
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	-
-	
If an amendment provides for an exchange, recla	ssification or cancellation of issued shares.
provisions for implementing the amendment if n	ot contained in the amendment itself:
(if not applicable, indicate N/A)	
2000	<del> </del>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 01/01/2019	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date wil document's effective date on the Department of State's records.	l not 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 east 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	<b>,</b>
(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 12   28   3018	37
Signature	
(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)	
Stavros Arianas	
(Typed or printed name of person signing)	<del>-</del>
President	

(Title of person signing)