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JUL 25 2014

R. WHITE

COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: SUNCOUST BOOT LIFT'S INC. DOCUMENT NUMBER: P07000077443				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Angela Tomes Nathe of Contact Person Suncoust Boot lifts Inc. Firm/ Company Address Address				
MIAMIFL 33142 City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Angelu Towns at (305) 812-0434 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 Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

10
Articles of Incorporation

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- 5		 ,

to

Suncoast Boat Lit	15 Inc. 14 JUL 10 1911:10
(Name of Corporation as currently filed with the Florida De	ept. of State)
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida I</i> its Articles of Incorporation:	Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "com "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A word "chartered," "professional association," or the abbreviation "P.A."	SUPPLY COVE The new pany," or "incorporated" or the abbreviation professional corporation name must contain the
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 Florew registered agent and/or the new registered office address:	orida, enter the name of the
Name of New Registered Agent	D7-5H2
(Florida street addres	s)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and a	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.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jos	nes	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_	·	
Add				(All VIII)
Remove				
3) Change		_	The second section of the second seco	
Add				
Remove				
4) Change		_		
Add				
Remove				-
5) Change		_		up.
Add				1,000
Remove				
6) Change				
Add		_		
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
<u>ammending</u>	—
Change of hame to:	
Suncoast Service & Supply Co	VD.
<u> </u>	<i>-</i> F'
	—
	—
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
11 A	
— V/ /	_
	±

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:		<u>-</u> _
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
action was not required. The amendment(s) was/were adop	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder	
action was not required. Dated	07/04/14	
selected	rector, president of other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
_	Angela lones	<u> </u>
	(Typed or printed name of person signing)	
-	(Title of person signing)	
	(Title of person signing)	