| (Requestor's Name) | | |
|---|------|--|
| | | |
| (Address) | | |
| | | |
| (Address) | | |
| (1.44.000) | | |
| | | |
| (City/State/Zip/Phone #) | | |
| | _ | |
| PICK-UP WAIT | MAIL | |
| | | |
| (Business Entity Name) | | |
| (2, | | |
| | | |
| (Document Number) | | |
| · | | |
| Certified Copies Certificates of St | atus | |
| | | |
| | | |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

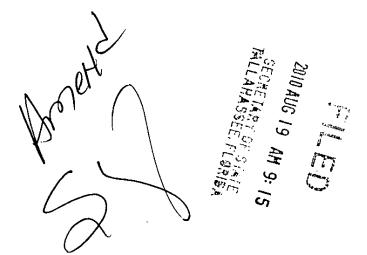
Office Use Only

8-2010



500184052875

500184052875 08/19/10--01029--008 **35.00



COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION: | Florida Marine Joiner Service, Inc. | | |
|--|--|--|--|
| DOCUMENT NUMBER: | P08000047993 | | |
| The enclosed Articles of Amendment | and fee are submitted for filing. | | |
| Please return all correspondence conc | erning this matter to the following: | | |
| | Donald W. Stanley, Jr., Esquire | | |
| | Name of Contact Person | | |
| | Allen Dell, P.A. Firm/ Company | | |
| | | | |
| 2 | O2 South Rome Avenue, Suite 100 Address | | |
| · | Tampa, Florida 33606 | | |
| | City/ State and Zip Code | | |
| E-mail address | dstanley@allendell.com s: (to be used for future annual report notification) | | |
| For further information concerning th | is matter, please call: | | |
| Donald W. Stanley, J | r. at (813) 223-5351 | | |
| 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 \$43.75 Filing Fee Certificate of \$ | | | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | Street Address Amendment Section Division of Corporations Clifton Building | | |

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

| | Articles of Incorporation |
|--|--|
| · | |
| Florida Mari | ine Joiner Service, Inc. |
| | rrently filed with the Florida Dept. of State) |
| P0 | ine Joiner Service, Inc. Inc. |
| (Document Nu | umber of Corporation (if known) |
| Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation | 006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following: |
| A. If amending name, enter the new name | of the corporation: |
| | N/A The new |
| abbreviation "Corp.," "Inc.," or Co.," or to | n the word "corporation," "company," or "incorporated" or the the designation "Corp," "Inc," or "Co". A professional corporation professional association," or the abbreviation "P.A." |
| B. Enter new principal office address, if an (Principal office address MUST BE A STRE | |
| C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF) | |
| | |
| D. If amending the registered agent and/or new registered agent and/or the new re | or registered office address in Florida, enter the name of the egistered office address: |
| Name of New Registered Agent: | Donald W. Stanley, Jr., Esquire |
| New Registered Office Address: | 202 South Rome Avenue, Suite 100 (Florida street address) |
| | Tampa , Florida 33606 |
| New Registered Agent's Signature, if chan I hereby accept the appointment as registered | (City) (Zip Code) nging Registered Agent: d agent. I am familiar with and accept the obligations of the position. |
| ••• | Signature of New Registered Agent, if changing |
| | 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) **Type of Action** <u>Title</u> <u>Name</u> Address CEO Rafal Garba ☐ Add 4919 Denver Street ☑ Remove Tampa, Florida 33619 Nicole Garba Т Tampa, Florida 33619 ☑ Remove Τ William R. Doyle, Jr. Tampa, Florida 33619 ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) N/A 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) N/A

D. continued... 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:

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|--------------------|----------------|
| Secretary | Marsha J. Doyle | 4915 Denver Street | ⊠ Add |
| | | Tampa, FL 33619 | ☐ Remove |

| The date of each amendmen | t(s) adoption: 08-16-2010 |
|--|---|
| Effective date if applicable: | (date of adoption is required) |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| | ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval. |
| | ere approved by the shareholders through voting groups. The following statement ed 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/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 |
| Dated_08- | 16-2010 |
| (B ₃ | y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
| | William R. Doyle, Jr. |
| | (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |