## P10 00000 37861

| (Re                     | questor's Name)   |           |
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| PICK-UP                 | ☐ WAIT            | MAIL      |
| (Bu:                    | siness Entity Nam | ne)       |
| (Do                     | cument Number)    | <u> </u>  |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to |                   |           |
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Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR   |   | orb  |  |  |
|--|---|--|--|--|
| DOCUMENT NUME  | p10000037861<br>BER:                        |  |  |  |
| The enclosed Articles  | of Amendment and fee are su                 | bmitted for filing.  |  |  |
| Please return all corres   | spondence concerning this ma                | atter to the following:  |  |  |
|  | carlos alvarez                              |  |  |  |
|  |   | Name of Contact Perso  | n  |  |
|  | 123 indies drive north                      | Firm/ Company  |  |  |
|  | duck key fl 33050                           | Address  |  |  |
|  |   | City/ State and Zip Cod  | le   |  |
|  | carlosalvarez5466@yahoo.c                   | rom  |  |  |
|  | E-mail address: (to be us                   | sed for future annual report   | t notification)  |  |
| For further information  | n concerning this matter, pleas             | se call:   |  |  |
| carlos alvarez   |   | 305<br>at (  | 879-7808   |  |
| Name o   | of Contact Person                           |  | ode & Daytime Telephone Number   |  |
| Enclosed is a check for  | r the following amount made                 | payable to the Florida Dep   | artment of State:  |  |
| □ \$35 Filing Fee  | ■\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)   | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |   | Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |  |  |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

captain lobster corp

| (Name of Corporation as curr  | rently filed with the Florida | Dept. of State)                      |
|---|-------------------------------|--------------------------------------|
| P10000037861  |                               |                                      |
|   | per of Corporation (if known) |                                      |
| Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:  | this Florida Profit Corporati | on adopts the following amendment(s) |
| A. If amending name, enter the new name of the corporation  | <u>n:</u>                     |                                      |
|   |                               | The new                              |
| name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc." or "Co" "chartered," "professional association." or the abbreviation "I | ". A professional corporati   |                                      |
| B. Enter new principal office address, if applicable:   |                               | 2                                    |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )   |                               | 1,20                                 |
|   |                               | <u> </u>                             |
|   |                               |                                      |
| C. Patrician and March 14.  |                               |                                      |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   |                               |                                      |
|   |                               | 9.                                   |
|   |                               | <u>.v</u>                            |
|   | <del></del> _                 |                                      |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add  |                               | e name of the                        |
| Numer of Name Burgist and Language  |                               |                                      |
| Name of New Registered Agent  |                               |                                      |
|   | <del></del>                   |                                      |
| (Florid   | da street address)            |                                      |
| New Registered Office Address:  |                               | , Florida                            |
|   | (City)                        | (Zip Code)                           |
|   |                               |                                      |
| New Registered Agent's Signature, if changing Registered Ag   | gent.                         |                                      |
| I hereby accept the appointment as registered agent. I am famil   |                               | ations of the position.              |
|   |                               |                                      |
|   |                               |                                      |
| G:  |                               |                                      |
| Signature of Ne   | w Registered Agent, if chang  | ing                                  |
| Check if applicable   |                               |                                      |
| ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (   | [11) (e), F.S.                |                                      |

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 PT John Doe X Remove V Mike Jones <u>X</u> Add SVSally Smith Type of Action <u>Title</u> <u>Name</u> Address (Check One) 123 indies drive north t carlos a alvarez 1) \_\_\_\_ Change duck key fl 33050 $\_$ Add \_Remove Elienis pombrol martinez 123 indies drive north 2) \_\_\_\_ Change duck key fl 33050 \_\_\_ Add 2600 sw 68th ave Remove carlos a alvarez jr vp 3) N Change miami fl 33155 \_\_ Add \_ Remove \_\_\_ Change \_\_ Add Remove 5) \_\_\_\_ Change \_\_ Add Remove 6) \_\_\_\_ Change Add Remove

| (Attach additional | dding additional Ar sheets, if necessary). | (Be specific)   | ),4,             |                      |              |              |
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| If an amendment    | provides for an exc                        | hange, reclassi | fication, or can | cellation of issu    | ied shares,  |              |
| provisions for in  | nplementing the am able, indicate N/A)     | endment if not  | contained in th  | e <u>amendment i</u> | tself:       |              |
| (if not applic     | able, indicate N/A)                        |                 |                  |                      |              |              |
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| he date of each amendment(s) adoption:   |
|--|
| ffective date if applicable:   |
| ffective date <u>if applicable</u> :  (no more than 90 days after amendment file date)   |
| ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ocument's effective date on the Department of State's records.          |
| doption of Amendment(s) (CHECK ONE)  |
| The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.  |
| 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   |
| by   |
| 5/25/20  |
| Dated  |
| a. O. De   |
| 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)   |
| carlos a alvarez.  |
| (Typed or printed name of person signing)  |
| President  |
| (Title of person signing)  |

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the