P11000104921

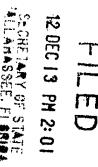
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Z.C. MARINE CORPORATION			
DOCUMENT NUMBER: P11000104921			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
LAZARO HERNANDEZ			
, Name of Contact Person			
Z.C. MARINE CORPORATION			
Firm/ Company 355 NE 185TH STREET			
Address			
MIAMI, FL 33179			
City/ State and Zip Code			
LAZ@DEEPIMPACTBOATS.COM			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
LAZARO HERNANDEZ Name of Contact Person at (305) 627-93 Area Code & Daytime	394		
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 \$\bigsiz \\$43.75 Filing Fee \& Certificate of Status \$\bigsiz \\$Certified Copy (Additional copy is enclosed) \$\bigsiz \\$Certified Copy (Additional is enclosed)	e of Status Copy al Copy		
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporatiP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive CenterTallahassee, FL 3230	er Circle		

Articles of Amendment to Articles of Incorporation of

	of		
Z.C. MARINE CORPORAT	ΓΙΟΝ		
(Name of Corporation as cu	rrently filed with the Flo	orida Dept. of State)	
P11000104921			
(Document N	umber of Corporation (if	known)	
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this F	<i>lorida Profit Corporation</i> ad	opts the following amendment(s) to
A. If amending name, enter the new name	of the corporation:		
			The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or "C	o". A professional corpora	rated" or the abbreviation tion name must contain the
B. Enter new principal office address, if a (Principal office address MUST BE A STRI			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OF I			
			
			
D. If amending the registered agent and/o new registered agent and/or the new re	r registered office addre gistered office address:	ss in Florida, enter the nam	e of the
Name of New Registered Agent			
Name of the Registered rigers	•		
	(Florida stree	et address)	
New Registered Office Address:	<u>·</u> ;	, 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 accept the obligations of the position.

Signature of New Registered Agent, if changing

FILED 12 DEC 13 PH 2: 01 SECRETARY OF STATE 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	PT Joł	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP_	CRUZ, RUBEN L.	355 NE 185TH STREET
Add			MIAMI, FL 33179
X Remove			-
2) Change		,	
Add		•	
Remove		•	
3) Change			
Add			
Remove		5 .	
4) Change		<u>:</u>	
Add		.,	
Remove			- ,
5) Change		 	
Add			
Remove		•	
6) Changa		,	
6) Change			
Add			
Remove			

	heets, if necessary).	(Be specific)			
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f an amendment :	provides for an exc	hange, reclassifica	tion, or cancellatio	n of issued shares	1
provisions for imp	provides for an exc plementing the am able, indicate N/A)	hange, reclassifica endment if not con	tion, or cancellatio	n of issued shares dment itself:	1
provisions for imp	plementing the am	hange, reclassifica endment if not con	tion, or cancellatio	n of issued shares dment itself:	1
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provisions for imp	plementing the am	hange, reclassifica endment if not con	tion, or cancellatio	n of issued shares dment itself:	

The date of each amendment(s) adoption:	12/3/12		
Effective date if applicable: December 3 2012 (no more than 90 days after amendment file date)			
(ne more man so day)	ager amerianem gre actes		
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	per of votes cast for the amendment(s)		
☐ 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 suff	icient for approval		
by	**		
(voting group)			
☐ The amendment(s) was/were adopted by the board of directors without action was not required.	ut shareholder action and shareholder		
☐ The amendment(s) was/were adopted by the incorporators without staction was not required.	nareholder action and shareholder		
Dated 93202			
Signature (By a director, president or other officer – if directors or officers have not been			
selected, by an incorporator – if in the hande of a receiver, trustee, or other court appointed fiduciary by that fiduciary)			
(Typed or printed name of person signing)			
(Typed of printed name of person signing)			
(Title of person signing)			
(Thie or person signi	*5/		