P140000 15694

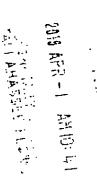
(Requestor's Name)			
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PICK-UP WAIT MAIL			
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(Document Number)			
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COVER LETTER

TO: Amendment Section

The state of the s Division of Corporations NAME OF CORPORATION: _____IumboShrimp, Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Cathleen Scott Name of Contact Person Scott Wagner & Associates, P.A. Firm/ Company 250 South Central Blvd., Suite 104-A Address Jupiter, FL 33458 City/ State and Zip Code escott@scottwagnerlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Deborah Baker at (561) 653-0008

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee **■\$43.75** Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

Name of Corneration as augustic		in the
(Maine of Corporation as currently	y filed with the Florida Dept. of State)	700
P14000015694		
(Document Number of	Corporation (if known)	5400
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the fo	llowing amendr
A. If amending name, enter the new name of the corporation:		
N/A		The no
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or " word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name	the abbreviation in the abbreviation to the secondary to
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	1974	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office addi		
new registered agent and/or the new registered office address N/A Name of New Registered Agent	<u> </u>	
(Florida str	veet address)	
New Registered Office Address:	. Florida	

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> <u>John</u>	1 Doe		
X Remove	<u>∨</u> <u>Mik</u>	Mike Jones		
X Add	<u>SV</u> <u>Sally</u>	y Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1)Change	P,T,D	Dylan Thomas	250 South Central Blvd., Stc. 104-A	
XAdd			Jupiter, FL 33458	
Remove				
2) Change	P,VP,S, T	Cathleen S. Thomas	250 South Central Blvd., Stc. 104-A	
, Add			Jupiter, FL 33458	
X Remove				
3) Change				
Add				
Remove				
4) Change			· 	
Add				
Remove				
51 Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter of (Attach additional sheets, if necessary). (Be specified)	<u>change(s) here:</u> ic)
N/A	
F. If an amendment provides for an exchange, recla	ssification, or cancellation of issued shares,
provisions for implementing the amendment if the (if not applicable, indicate N/A)	not contained in the amendment itself:
N/A	

The date of each amendment(s) a	adoption:	, if other than the
date this document was signed.		
Ma Effective date <u>if applicable</u> :	arch 9, 2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date with pepartment of State's records.	III not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by		
, <u> </u>	(voting group)	
☐ The amendment(s) was/were adaction was not required.	dopted by the board of directors without shareholder action and shareholder	
action was not required.	dopted by the incorporators without shareholder action and shareholder	
× _{Dated} 3- Signature_X(26. 2019	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Cathleeen S. Thomas	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	