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(Addr	ess)	-
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Docu	ıment Number)	
Certified Copies	Certificate	s of Status
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: EAST P14	COAST V	NATER 12	RESTO	RATION -ING
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corresp	pondence concerning this mat	ter to the following:			
	BEST 1282  N. M. besttax 10	$\frac{BNS/NES}{Firm/Company}$ $\frac{NE 163}{Address}$ $\frac{AMI BC}{City/State and Zip Cod}$	STREE STREE 4 - FL ahoo.	X 33162 Com,	)
For further information	concerning this matter, pleas	e call:			
MICHAP Name o	AEL A. RA f Contact Person	21= at ( 786 Area Co	ode & Daytime Tele	- 2-55/	/
Enclosed is a check for	the following amount made [	payable to the Florida Dep	artment of State:		
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Certificate of Certified Copy (Additional Copy is enclosed)	Status V	
	ing Address adment Section		Address Iment Section		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment . .

to

## Articles of Incorporation

of

EAST COAST WATER	RESTORATION INC
	filed with the Florida Dept. of State)
P1400004112	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	Iorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A 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)	DEC 28 PM
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent MICHAEL	- A. RAZIF
New Registered Office Address: N. MIAM	YE 163 STREET  Maddress)  MEACH, Florida 33162  City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with the second agent of the second agent.	ith and accept the obligations of the position.
Signature of New Re	gistered 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	PT John D	<u>oc</u>	
X Remove	<u>V</u> <u>Mike Jo</u>	one <u>s</u>	
X Add	SV Sally S	mith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Director	AVIGAYIL -	960 NE 175 ST
Add		- GOLDSTEIN	N. MIAMI BCH FL 33162
Remove			
2) Change			
Add			
Remove			<del></del>
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
<del></del>	
	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(7 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	

The date of each amendment(s) adoption:date this document was signed.	12-20-2011	, if other than
Effective date <u>if applicable</u> :	12-22-20 17 (no more than 90 days after amendment file date)	
·	meet the applicable statutory filing requirements, th	is date will not be listed as
·	CK ONE)	
The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app	archolders. The number of votes east for the amendm proval.	ient(s)
	shareholders through voting groups. The following staroup entitled to vote separately on the amendment(s):	
"The number of votes cast for the amenda	ment(s) was/were sufficient for approval	
by(votine	g group)	
·	oard of directors without shareholder action and share	holder
☐ The amendment(s) was/were adopted by the incaction was not required.	corporators without shareholder action and shareholder	er
Dated		
(By a director, preside	ent or other officer – if directors or officers have not be porator – if in the hands of a receiver, trustee, or other by that fiduciary)	
CHI	AYA TOVA GOLDSTE (vped or printed name of person signing)	1 <i>~</i>
	President.	
	(Title of person signing)	

the

the