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COVER LETTER

Division of Corporations	
NAME OF CORPORATION: PIGO OU DOCUMENT NUMBER: PIGO VI	une Yacht & Ship, Inc
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this mate	ter to the following:
Delaita Estefar 1600 F. Oval Go delaita	Name of Contact Person 10 LAW, P. A Firm/Company On Ce Le Le Cn B/V #804 Address FL 33/34 City/ State and Zip Code O CS R Fano (aw. Com
For further information concerning this matter, please Name of Contact Person Enclosed is a check for the following amount made parts of the following Fee &	at (305) 441-0616 Area Code & Daytime Telephone Number ayable to the Florida Department of State: \$\text{S43.75 Filing Fee & \$\times \$\text{S52.50 Filing Fee}\$}
Certificate of Status Mailing Address	Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address

TO: Amendment Section

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of An	nendment
to Articles of Inco	orporation FILED
Biscayne Yacht	- \$ 5 k ⁰² / 15 30 PY 9725C
(Name of Corporation as currently	filed with the Florida Dept. of State)
P1400005227	5
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Storida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	The new ompany, "or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	1600 Ponce Deleona Site 800
C. Enter new mailing address, if applicable:	Coval Gables FC 33134
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address: (C	Tity) (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

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	<u>PT</u>	John Doe				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s		
1) Change	Dil	<u>Del</u>	iaita Estefa	100 16a	O Ponce Del 804	LeinB
Add Remove				<u>Sute</u> <u>Cov</u>	al Gables	FZ.33i
2) Change				- *=		
Add						
Remove 3) Change	P	<u> Ua</u>	zyer Hatar	ni <u>700</u>	Campuna C	Ive.
Add				coal	Gables F	
Remove				<u>33</u>	1) (1.	
4) Change						
Add						
Remove						
5) Change		<u> </u>				
Add						
Remove						
6) Change						
Add						
Remove						

attach additional sheets, if necessary).	<u>cles, enter change(s) here:</u> (Be specific)
<u> </u>	
	
<u> </u>	
 	
-	
an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
rovisions for implementing the amen	dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	

The date of each amendment(s) adopt date this document was signed.	tion:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	c does not meet the applicable statutory filing requirements, this date tment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators, or board of directors without shareholder action	and shareholder
The amendment(s) was/were adopted by the shareholders was/were suffici	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.	
must be separately provided for each	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s): the amendment(s) was/were sufficient for approval	1
by		
selected, by	or, president of the officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary) (Typed or printed name of person signing)	