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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Yacht Life Care & Management Inc DOCUMENT NUMBER: P15000063871 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Diana Perez Name of Contact Person Yacht Life Care & Management Inc Firm/ Company 1501 SE Decker Ave #112 Address Stuart, FL 34994 City/ State and Zip Code diana@yachtlifecm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (772) 210-1080

Area Code & Daytime Telephone Number Diana Perez 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

Yacht Life Care & Management Inc

(Name of Corporation as curren	tly filed with the Florida Dept. of	(State)
P15000063871	in med with the Horizon Dept. of	, State)
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adop	ts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporatio	ed" or the abbreviation
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
	<u></u>	<u> </u>
C. Enter new mailing address, if applicable:	N/A	A SS
(Mailing address MAY BE A POST OFFICE BOX)	N/A	
		<u>કે</u> α
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D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office addresses.		of the
N/A	<u></u>	
Name of New Registered Agent		
-		
(Florida s	treet address)	
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	orida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen	nt:	
l hereby accept the appointment as registered agent. I am familiar		the position.
Signature of New	Registered Agent, if changing	.,.=
Signature of New	Registered 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	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P	Diana Perez	1489 NE 23rd terrace
Add			Jensen Beach, FL 34957
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	<u> </u>		
Remove			
6) Change			
Add			.
Remove			

E. If amending or adding (Attach additional sheet	z additional Articles, ts. if necessary). (B	, enter change(s) he le specific)	ere:		
N/A	, y	+ sp == 9, s,			
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F. If an amendment prov	vides for an exchana	e reclassification	or cancellation of iss	sued shares	
provisions for impler	menting the amendm	ent if not containe	d in the amendment	itself:	
(if not applicable,	, indicate N/A)				
N/A					
					
		· · ·			
		<u> </u>			
					<u>.</u>
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The date of each amendment(s) a	5/29/18	, if other than the
date this document was signed.	ooption.	, ii outer usan the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this I document's effective date on the Do	block does not meet the applicable statutory filing requirements, this date vepartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
5/29/18 Dated		
Signature	branaperox	
(By a c	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Diana Perez	
	(Typed or printed name of person signing)	<u> </u>
	President	
	(Title of person signing)	