## P15000101820

(Req	uestor's Name)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Kiss The Sky Design Corp DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Marcelo Ferreira Name of Contact Person Firm/ Company 5090 SW 148 Terrace Address Davie, Florida, 33331 City/ State and Zip Code m.ferreira0502@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Marcelo Ferreira at (561 568-4313 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

Kiss The Sky Design Corp					
(Name of Corporation as curren	tly filed with the Florida Dept. of State)				
P15000101820					
(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 adopts the following	ng amendment(s) t			
A. If amending name, enter the new name of the corporation:					
East Coast Tech & Marine Suppliers Co.		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 corporation name must	bbreviation			
B. Enter new principal office address, if applicable:	5090 SW 148 Terrace				
(Principal office address MUST BE A STREET ADDRESS)	Davie Fl 33331				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5090 SW 148 Terrace				
	Davie FI, 33331	- 5			
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		-9 [			
Name of New Registered Agent					
		- ?:			
(Florida s	treet address)	<b>-</b>			
New Registered Office Address:	, Florida				
	(City) (Zip	Code)			
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position				
, , , , ,					
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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
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f an amendment provi provisions for implem (if not applicable, i	enting the amendr	ge, reclassificatio	n, or cancellation	of issued shares, lment itself:	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statemen or each voting group entitled to vote separately on the amendment(s):	1
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
1/5/2017 Dated		
Signature		
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	and the second s
	Marcelo Ferreira	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	