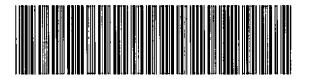


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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: T C MCGEE FISH	ERIES INC	<u> </u>				
DOCUMENT NUMI	P16000040020						
The enclosed Articles	of Amendment and fee are su	bmitted for filing.					
Please return all corre	spondence concerning this ma	tter to the following:					
	Max K. McGee						
	Name of Contact Person						
	Max K. McGee CPA PA						
		Firm/ Company					
	609 N Main St						
		Address	,				
	Chiefland, FL 32626						
		City/ State and Zip Code	:				
	max@mkm.tax						
	E-mail address: (to be us	sed for future annual report	notification)				
For further informatio	n concerning this matter, pleas	se call:					
Narely Galloway		at ( 352	507-7077				
Name	of Contact Person	at ()Area Code & Daytime Telephone Number					
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:				
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303					

## Articles of Amendment to Articles of Incorporation of

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(Name of Cor	rporation as currently	filed with the Florida Dep	ot. of State)	
P16000040029				
	(Document Number of	Corporation (if known)	-	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this F	Horida Profit Corporation 3	adopts the following am	endment(s)
A. If amending name, enter the new name of	f the corporation:			
TM CRAB INC			$Th_{\mathscr{O}}$	new .
name must be distinguishable and contain the w "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or th	"" or "Co". A		" or the abbreviation "C	Corp., "
B. Enter new principal office address, if app	dicable	N/A		
(Principal office address MUST BE A STREET			2020   SEL   A L I	<del></del>
				(1
C. Enter new mailing address, if applicable	•		ص <sub>الش</sub> ر	
(Mailing address MAY BE A POST OFFI		N/A		
			<u> </u>	٠ .
			<u> </u>	<del>)                                    </del>
D. If amending the registered agent and/or new registered agent and/or the new registered agent and/or Name of New Registered Agent N/A			ime of the	
	(Florida stre	vet address)		
New Registered Office Address:			_, Florida	
	(	(City)	(Zip Code)	
Non-Data de la constitución de l	C. D. wisa u d.a			
New Registered Agent's Signature, if changi I hereby accept the appointment as registered of	<u>agent. – Lam familiar w</u>	rith and accept the obligatio	ns of the position.	
	Signature of Nav. D.	egistered Agent, if changing		
	Signature of New Re	уменси муст, у спануту		
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)

Example:

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.

X Change	<u> T9</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>	Name	<u>Addres</u> s
I) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheet:	s, if necessary). (	Be specific)	e(s) here:			
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. If an amendment prov provisions for implen	ides for an exchar	ige, reciassifica Iment if not cor	<del>tion, or cancella</del> itained in the an	<u>non or issued sn:</u> endment itself:	ares,	
(if not applicable,	indicate N/A)					
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The date of each amendment(s):	idoption:	, if other than the
date this document was signed. 01/  Effective date <u>if applicable</u> :	01/2020	
<u> </u>	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this dat epartment of State's records.	e will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without shareholder actio	on and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	;)
	proved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	<del>``</del>	
	(voting group)	
02/14/202 Dated		
Signature	Dand T- My	
(By a c 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 counted fiduciary by that fiduciary)	
	Daniel T McGee	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	-