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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: COASTAL CLEA	NING & RESTORATION,	INC.		
DOCUMENT NUM	P16000061331		<u></u>		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	TIMOTHY WORKMAN				
		Name of Contact Person	1		
Firm/ Company					
3725 MIRAMONTES CIRCLE					
Address					
	WELLINGTON, FL 33414				
	<u> </u>	City/ State and Zip Code	;		
	E-mail address: (to be us	sed for future annual report	notification)		
			,		_
For further information	on concerning this matter, pleas	se call:		200	16 NOV 2
TIMOTHY WORKMAN at (954) 952-5272					
Name of Contact Person Area Code & Daytime Telephone Number		de & Daytime Telephone Number	— : - : : : : : : : : : : : : : : : : :	3	
Enclosed is a check for	or the following amount made	pavable to the Florida Depa	rtment of State:		ယ္
		F7			0
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	,	
Ma	iling Address	Street	Address		
Amendment Section		Amendment Section			
	vision of Corporations D. Box 6327		n of Corporations Building		
	labassaa El 32314		vecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

COASTAL CLEANING & RESTORATION, INC.

(Name o	of Corporation as current	ly filed with the Florida Dept. of State)		
P16000061331				
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the fo	llowing amendme	nt(s) to
A. If amending name, enter the new na	me of the corporation:			
N/A			The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	on," "company," or "incorporated" or "Co". A professional corporation name "P.A."	the abbreviation must contain the	
		N/A		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				
				
		· · · · · · · · · · · · · · · · · · ·		
C. Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST	(Mailing address MAY BE A POST OFFICE BOX)		uju4\$	
			5	
			<u> </u>	i entre
D. If amending the registered agent an new registered agent and/or the new				274 दिवा है। वि
Name of New Registered Agent	N/A		ست - دِي عسا	i jeli osk 4 Tacquis
Name of New Registered Agent				
	(Florida s	treet address)	:	
	N/A	•		
New Registered Office Address:		(City), Florida	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agen	t: with and accept the obligations of the pos	cition	
I nereby accept the appointment as regis.	ierea ageni i am jamiliar	with and accept the outigations of the pos	siiion.	
	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 <math>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>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VP	_	LEONARD GRADWELL	1420 SW 1ST TERRACE
Add				DEERFIELD BEACH, FL 33441
X Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
. If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the ame</u> (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
N/A	

The date of each amendment(s) adoption: NOVEMBEY) OF	, if other than the
Effective date if applicable: NNPM bev , Wy (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	ıt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Timethy Wyr MM (Typed or printed name of person signing) PVACID (NAT	

(Title of person signing)