P1700030307

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C. GOLDEN

JUL 2 4 2017

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: Marenas Property Repair Co
DOCUMENT NUMBER: P 7 0 0 0 0 3 0 3 0 7
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ilubra Barkovich
Name of Contact Person
4021 SW Les Street
Plantatión FL 33317
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Llubica Barkovid n. 954, 6571795
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee Certified Copy (Additional Copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

•======================================	of _
MARENAS	ProPerty Repair Con
(Name of Corporation as curr	ently filed with the Florida Dept. of State)
P 17	000030367
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>ı:</u>
	The _new
name must be distinguishable and contain the word "corpor" (Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." word "chartered," "professional association," or the abbreviati	or "Co A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Ct + DI + t.
rencipal office dutiess MOST BE A STREET TO THE PROPERTY OF TH	FL 33317
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4021 SW 1° Street Plantation FL 33317
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade	address in Florida, enter the name of the dress:
Name of New Registered Agent	
(Flori	ida street address)
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A l hereby accept the appointment as registered agent. I am fam	illiar with and accept the obligations of the position.
Signature of t	New Registered Agent, if changing ETLORIUS PH 2: 10

P = President; V = Vice Executive Officer; CFO eld. President, Treasure Changes should be noted	rector title by the President; T= Tri = Chief Financia r, Director would l in the following i wes the corporati	l Officer. If an officer/director holds be PTD. nanner. Currently John Doe is listed to on, Sally Smith is named the V and S.	TR= Trustee; C = Chairman or Clerk; CEO = Chief more than one title, list the first letter of each office as the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change,
X Change	PT John D	<u>oc</u>	
X Remove	V Mike J	<u>ones</u>	
X Add	SV Sally S	<u>mith</u>	
ype of Action Check One)	<u>Title</u>	Name	Address
) Change	Director	Mirko ARena	s 4021 SW 1er
★ Add			Street Plantation
Remove			FL. 33317
Change	Director		4021 SW 14
Add		ARENAS	Street Plantation
Remove			FL. 33317
) Change	-1		
۸dd			
Remove			
l) Change			
Add			
Remove			
5) Change			
Add			
Remove			·
6) Change			
Add			
Remove			

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:

amending or adding additional Articles, enter change(s) here attach additional sheets, if necessary). (Be specific)	`
, ,	
	
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· · · · · · · · · · · · · · · · · · ·	
an amendment provides for an exchange, reclassification, or	cancellation of issued shares
provisions for implementing the amendment if not contained in	n the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: 07/0/2017, if other than the
date this document was signed. Effective date if applicable: 07/0//20/7
(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 will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
by
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.
Dated $07/0/2017$ Signature 804
(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)
Dubera Barkovich
(Typed or printed name of person signing)
President
(Title of person signing)