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COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: All MO	mine Transport Boat & cars or			
DOCUMENT NUMBER: 17 01	1054722			
The enclosed Articles of Amendment and fee a	e submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
	Name of Contract Person			
	Name of Contact Person V Nion Calvier Services			
5375	Firm/ Company			
	Address			
Mia	Li Fl 33166			
	City/ State and Zip Code			
Unionca	rierservices a Great Lon			
E-mail address: (to l	cused for future annual report notification)			
For further information concerning this matter, p	liease call:			
11.50 0 0:				
Heiry Rodning	Rea Code & Daytime Telephone Number			
Name of Contact Person J	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount m	de payable to the Florida Department of State;			
\$35 Filing Fee				
Mailing Address	Street Address			
Amendment Section	Amendment Section Division of Compositions			
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

$\Lambda \Lambda \Lambda$	of	. 0	1	
All Marine T	iranspor	t boat		is conf
(Name of Cor	Soration as currently	filed with the Florida	Dept. of State)	1
9170	0005472)		
	Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	brida Statutes, this <i>FI</i>	orida Profit Corporatio	on adopts the follow	ring amendment(s) t
A. If amending name, enter the new name of	ni the corporation:			
				· *** 1
name must be distinguishable and contain the	word "cornoration		ornorated" or the	The new
"Corp.," "Inc.," or Co.," or the designation	Gorp." "Inc," or "Ce	". A professional cor	poration name mu	st contain the
"Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	or the abbreviation "P.	А. "	•	
D. Carra a supplied to the latter of the second	/			
B. Enter new principal office address, if appl (Principal office address <u>MUST BE A STREE</u>)				
(17mcipul ajjitt uduress <u>sroot ine Atorikee)</u>	<u> </u>			. •
				224
C. Enter now mailing address: if applicables				9
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)				~ ~
	F I	-		
				3
				
D. If amending the registered agent and/or re	 	s in Florida, enter the	name of the	4
new registered agent and/or the new regis				
Name of New Registered Agent				_
	(Florida street	address)		_
New Registered Office Address:			Florida	np Code)
	[]	ny)	(2.)	p Coaer
	11			
New Registered Agent's Signature, if changin				
I hereby accept the appointment as registered as	徳t. Lam familiar wit. 南	h and accept the obliga	tions of the position	1,
	1			
	II.			
	Signature of New Reg	istered Agent, if changi	ing	
	Mil			

Please note the officer/dia P = Provident: V= Vice	rector titl Provident	e by the first le	tter of the office title; S= Secretary D= Director: TR= 1	Trustee: C = Chairman or Clerk; CEO = Chief
Executive Officer: CFO	= Chief I	Financial Offic	er. If an officer/director holds more	than one title, list the first letter of each office
held, President, Treasure				,
Changes should be noted	in the fo	llowing manne	. Currently John Doe is listed as the	PST and Mike Jones is listed as the V. There is
a change, Mike Jones lea	ives the c	orporation, Sa	lly Smith is named the V and S. These	should be noted as John Doe, PT as a Change.
Mike Jones, V as Remove	, and Sal	ly Smith, SV 🖧	an Add,	
Example:		M:	1	
X Change	<u>PT</u>	<u>John Doe</u>		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Nap</u>	1 1C 1	<u>Addres</u> s
	\10	All	ain Vazouez	17730 SW 174 St
1) Change	- 	- 17 7		
Add	•		lanos	Miani F1 33187
X_ Remove				
		Į		
2) Change				
Add			;	
Remove				
3) Change				
Add		Ì		
D				
Remove				
4) Change				
Add		. - 		
P				
Remove			1	
5) Change				
-				
Add				•
Remove				
6) Change				
Add				
Remove				

Page 2 of 4

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 beingadded:

(Attach additional sheets, if necessary)

E. If amending or adding additional Arti-	icleszenter change(s) here:
· (Attach additional sheets, if necessary).	(f <mark>le</mark> specific)
	
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	NII
F. If an amendment provides for an exch	nange reclassification, or cancellation of issued shares.
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
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The date of each amendment(s) adoption: late this document was signed.	<u> </u>	- ∤∹└──	20.1		, if other than the
Effective date <u>if applicable</u> :		17	2011	or Cla data)	
		`	after amendmer		
Note: If the date inserted in this block does to document's effective date on the Department of			statutory filing re	equirements, this date w	ill not be listed as the
Adoption of Amendment(s) (CF	IRCK ONE)				
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		The numb	per of votes cast i	for the amendment(s)	
☐ The amendment(s) was/were approved by th must be separately provided for each voting					
"The number of votes cast for the ame	iiii ndment(s) was	s/were suff	icient for approv	al	
by		<u></u> .	·	"	
(vo	ting group)				
☐ The amendment(s) was/were adopted by the action was not required.	board of direc	ctors witho	ut shareholder ac	ction and shareholder	
The amendment(s) was/were adopted by the action was not required.	incorporators	without sh	areholder action	and shareholder	
Dated	2017				
Signature(By a director, pres			directors or offi	cers have not been	
selected, by an inc	a <mark>rp</mark> orator – if	in the Harld		rustee, or other court	
appointed fiduciary	Re +	S	ndu	2 Pere	2
	(Typed or pri	nted name	of person signing	^	
	(1	itle of pers	son signing)		