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Amind Mane

AUG 15 2017

I ALBRITTON

COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: U & M MARINE	CORPORATION	
DOCUMENT NUMB	ER: P17000059678		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Jose L Almarales		
-	<u> </u>	Name of Contact Person	1
	Professional Services Bookk	eeping Inc	
-		Firm/ Company	
	736 NW 22nd Av		
•		Address	
	Miami Fl 33125		
-		City/ State and Zip Cod	e
iose@	professionalservicesmiami.e	om	
, ,		sed for future annual report	notification)
For further information Jose I. Almarales	concerning this matter, pleas	se call: at (
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filling Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section tion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

U & M MARINE CORPORATION

(Name of Corporation as cur P17000059678	rently filed with the Florida Dept. of State)
	per of Corporation (if known)
	this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation Hialeah Marine Parts & Supply Corp.	n: The new
	ration," "company," or "incorporated" or the abbreviation 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)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) D. If amending the registered agent and/or registered office	address in Florida, enter the name of the
new registered agent and/or the new registered office add	
Name of New Registered Agent	
(Flori	la street address)
New Registered Office Address:	_ , Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent.—I am fami	<u>gent:</u> liar with and accept the obligations of the position.

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>nes</u>			
X Add	<u>sv</u>	Sally Sn	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address	
1) X Change	Pdt		Uvaldo Gonzalez	70%	1671 W 37 ST	
Add		_			HIEALEAH, FL 33012	
Remove						
2) Change	Vpdt		Julio Castaneda-Gutier	тех 30%	11859 SW 98th Terr	
X Add			-		Miami Fl 33186	
Remove						
3) Change		_				
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change						
Add						_
Remove						_
6) Change						
Add				· · · · · ·		
Remove						

Attach additional sheets, if necessary	Articles, enter change(s) her y) (Be specific)		
			
	<u> </u>		
			<u>-</u> -
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•	- "		•
		-	
f an amendment provides for an ex	xchange, reclassification, or	r cancellation of issued sl	nares,
provisions for implementing the a	menument ii not containeu)	in the angnument itseif:	
(if not applicable, indicate N/4)	•		
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
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(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			

	8/6/2017	
The date of each amendment(s)	adoption:, if	fother than the
date this document was signed.	(2017	
Effective date <u>if applicable</u> :	6/2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the F	block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	
8/6/2017 Dated		
Signature	: localo	
select	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)	
	Uvaldo Gonzalez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	