P17000068380

(Req	juestor's Name)	
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(City	/State/Zip/Phon	e #)
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(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
		
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COVER LETTER

TO: Amendment Section

Division of Corp	oorations					
NAME OF CORPO	RATION: Fish Whistle Adve	ntures Inc				
	BER: P17000068380					
The enclosed Articles	s of Amendment and fee are su	bmitted for filing				
Please return all corre	espondence concerning this ma	tter to the follow	ing:			
	Martin Mohr					
		Name of Cont	act Persor	1		
	Fish Whistle Adventures Inc					
		Firm/ Cor	прапу			
	4560 S 25th Street					
	Address					
	Fort Pierce/F1. 34981					
	**	City/ State and	l Zip Cod	2		
	twomohrweeks@gmail.com					
	E-mail address: (to be us	sed for future ann	ual report	notification)		
	`		•			
For further information	on concerning this matter, pleas	se call:				
Martin Mohr		at (9:	54	6654553		
Name	of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Flo	orida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filin Certified Co (Additional c enclosed)	ру	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Taflahassee, 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

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
P17000068380	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, t its Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation	<u>:</u>
	The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.	'. A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	20
(Principal office address MUST BE A STREET ADDRESS)	(1) (2)
	
	21
C. Enter new mailing address, if applicable:	A.
(Mailing address MAY BE A POST OFFICE BOX)	
	21
D. If amending the registered agent and/or registered office a	address in Florida, enter the name of the
new registered agent and/or the new registered office add	ress:
Name of New Registered Agent	
(Florida	a street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili	ent: iar with and accept the obligations of the position.
· · · · · · · · · · · · · · · · · · ·	

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)

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 Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	V	Nicole Bentler	4560 S 25th Street
X Add			Fort Pierce/FL/34981
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach <i>additional</i>	dding additional Ar sheets, if necessary).	(Be specific,)			
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		_				
<u>an amendment</u> rovisions for in	provides for an exc aplementing the am	nange, reclass	mcation, or ca t contained in	the amendme	nt itself:	
(if not applic	cable, indicate N/A)	-		_		
			•			
						
			-			

	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		<u></u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sharehold	ler action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amen sufficient for approval.	dment(s)
	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment(s	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	······································	
	(voting group)	
7/30/202	0	
Dated		
Signature	M M	
(By a	director, president or other officer - if directors or officers have no	
	ted, by an incorporator – if in the hands of a receiver, trustee, or oth inted fiduciary by that fiduciary)	er court
арро	• •	
	Martin Mohr	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	