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(Requestor's Name) (Address) (Address)	500303043855
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	COVEDIETTED
	<u>COVER LETTER</u>
TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: SALUTE PERFO	DRMANCE MARINE, CORP
DOCUMENT NUMBER:	
The enclosed <i>Articles of Amendment</i> and fee are s	
Please return all correspondence concerning this m	atter to the following:
Michael Mateo	
	Name of Contact Person
SALUTE PERFORMANCI	
11530 SW 57 TERRACE	Firm/ Company
	Address
Miami, FL 33173	
	City/ State and Zip Code
mmateo03@yahoo.com	
E-mail address: (to be t	used for future annual report notification)
For further information concerning this matter, plea	
Michael Mateo	at (<u>305</u>) <u>506-7404</u>
Name of Contact Person	Area Code & Daytime Telephone Num
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee &	□\$43.75 Filing Fee & □\$52.50 Filing Fee
Certificate of Status	Certified Copy Certificate of Status (Additional copy is Certified Copy
	enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clitton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

• .	Articles of Amendment to	FILED 17 SEP - 5 AM 9:20
SALUTE PERFORMANCE MARINE. COR	P	ALL ALLASSIE FRAME
(<u>Name of Co</u>	prporation as currently filed with the	e Florida Dept. of State)
P17000071914		
	 (Document Number of Corporation (i 	f known)
Pursuant to the provisions of section 607,1000 its Articles of Incorporation:	5, Elorida Statutes, this <i>Florida Profit</i> 6	Corporation adopts the following amendn
A. If amending name, enter the new name	of the corporation:	
		The ne
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	n "Corp," "Inc," or "Co". A profes	" or "incorporated" or the abbreviation signal corporation name must contain the second secon
B. Enter new principal office address, if ag (Principal office address <u>MUST BE A STRE</u>		
C. Enter new mailing address, if applicabl		
 C. <u>Enter new mailing address, if applicable</u> (Mailing address <u>MAY BE A POST OFF</u>) D. <u>If amending the registered agent and/or</u> 	<u>TCE BON</u>)	enter the name of the
(Mailing address <u>MAY BE A POST OFF</u>	<u>TCE BON</u>)	, enter the name of the
(Mailing address <u>MAY BE A POST OFF</u> D. <u>If amending the registered agent and/or</u>	<u>TCE BON</u>)	enter the name of the
(Mailing address <u>MAY BE A POST OFF</u> D. <u>If amending the registered agent and/or</u> <u>new registered agent and/or the new reg</u>	<u>(ICE BON)</u> <u>registered office address in Florida,</u> <u>gistered office address:</u>	enter the name of the
(Mailing address <u>MAY BE A POST OFF</u> D. <u>If amending the registered agent and/or</u> <u>new registered agent and/or the new reg</u>	<u>TCE BON</u>)	, enter the name of the
(Mailing address <u>MAY BE A POST OFF</u> D. <u>If amending the registered agent and/or</u> <u>new registered agent and/or the new reg</u>	ICE BON registered office address in Florida, gistered office address: I (Florida street address)	, Florida
(Mailing address <u>MAY BE A POST OFF</u> D. <u>If amending the registered agent and/or</u> <u>new registered agent and/or the new reg</u> <u>Name of New Registered Agent</u>	<u>(ICE BON)</u> <u>registered office address in Florida,</u> <u>gistered office address:</u>	
(Mailing address <u>MAY BE A POST OFF</u> D. If amending the registered agent and/or <u>new registered agent and/or the new reg</u> <u>Name of New Registered Agent</u> <u>New Registered Office Address</u> :	(Florida street address) (City)	, Florida
(Mailing address <u>MAY BE A POST OFF</u> D. If amending the registered agent and/or <u>new registered agent and/or the new reg</u> <u>Name of New Registered Agent</u> <u>New Registered Office Address</u> : <u>New Registered Agent's Signature, if change</u>	(Florida street address) (Florida street address) (City) (City) (In Registered Agent:	Florida (Zip Code)
(Mailing address <u>MAY BE A POST OFF</u> D. If amending the registered agent and/or <u>new registered agent and/or the new reg</u> <u>Name of New Registered Agent</u> <u>New Registered Office Address</u> :	(Florida street address) (Florida street address) (City) (City) (In Registered Agent:	Florida (Zip Code)
(Mailing address <u>MAY BE A POST OFF</u> D. If amending the registered agent and/or <u>new registered agent and/or the new reg</u> <u>Name of New Registered Agent</u> <u>New Registered Office Address</u> : <u>New Registered Agent's Signature, if change</u>	(Florida street address) (Florida street address) (City) (City) (In Registered Agent:	Florida (Zip Code)
(Mailing address <u>MAY BE A POST OFF</u> D. If amending the registered agent and/or <u>new registered agent and/or the new reg</u> <u>Name of New Registered Agent</u> <u>New Registered Office Address</u> : <u>New Registered Agent's Signature, if change</u>	<u> (Florida street address) (City) (City) (City) (City) (City) </u>	, Florida (Zip Code) the obligations of the position.
(Mailing address <u>MAY BE A POST OFF</u> D. If amending the registered agent and/or <u>new registered agent and/or the new reg</u> <u>Name of New Registered Agent</u> <u>New Registered Office Address</u> : <u>New Registered Agent's Signature, if change</u>	(Florida street address) (Florida street address) (City) (City) (In Registered Agent:	, Florida (Zip Code) the obligations of the position.
(Mailing address <u>MAY BE A POST OFF</u> D. If amending the registered agent and/or <u>new registered agent and/or the new reg</u> <u>Name of New Registered Agent</u> <u>New Registered Office Address</u> : <u>New Registered Agent's Signature, if change</u>	<u> (Florida street address) (City) (City) (City) (City) (City) </u>	, Florida (Zip Code) the obligations of the position.
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(Mailing address <u>MAY BE A POST OFF</u> D. If amending the registered agent and/or <u>new registered agent and/or the new reg</u> <u>Name of New Registered Agent</u> <u>New Registered Office Address</u> : <u>New Registered Agent's Signature, if change</u>	<u> (Florida street address) (City) (City) (City) (City) (City) </u>	, Florida (Zip Code) 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)

Example:

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 = ChiefExecutive 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.

<u>X</u> Change	<u> </u>	<u>John Doe</u>		
<u>X</u> Remove	Y	Mike Jones		
<u>X</u> Add	<u>8V</u>	Sally Smith		
<u>Type of Action</u> (Check One)	Title	<u>Nar</u>	 <u> </u> 	<u>Addres</u> s
L) Change	Р		GUEL SOPENA	10100 SW 55 ST
XAdd				MIAMI, FL 33165
Remove				
2) Change				
Add				
Remove				
3 F Change			 	
Add				
Remove				
4) Change			1	
Add				
Remove				·
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				
			Page 2 of 4	

E If amonding or adding additional Articles	enter change(s) here:
E. If amending or adding additional Articles, (Attach additional sheets, if necessary). (Be	specific)
	<u> </u>
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	<u> </u>
	<u> </u>
F. If an amendment provides for an exchange provisions for implementing the amendme	¹ reclassification, or cancellation of issued shares, ht if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	<u> </u>

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The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does n document's effective date on the Department of	If meet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s) (CH	11 <u>ECK ONE</u>) []
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	It shareholders. The number of votes cast for the amendment(s) pproval. If
The amendment(s) was/were approved by the must be separately provided for each voting	shareholders through voting groups. <i>The following statement</i> group entitled to vote separately on the amendment(s):
	 ulment(s) was/were sufficient for approval
by	ing group)
(vol	ing group)
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the action was not required.	 incorporators without shareholder action and shareholder
08/30/2017 Dated	
Signature	
(By a director, presi selected, by an inco	ident or other officer – if directors or officers have not been inporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary	
Michael A.	
	Typed or printed name of person signing)
President	
	(Title of person signing)
	Page 4 of 4

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