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COVER LETTER

TO: Amendment Section Division of Corpora				
NAME OF CORPORA	ATION: LOYA	Custon Mar	exe, Chc.	
name of corporation: hoyd Custom Marine, ULC. DOCUMENT NUMBER: \$17000076631				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
-	3838 L. H.	Name of Contact Perso LLA ton MUYU Firm/Company Oplius Guck Address	ue	
	Situs ville JL 32780 City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Haven &	tilipling	at (32 / Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailin	g Address	Street	Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Soyd Custon 1	Marine, Ul	Le.
Pinn (Name of Corporation	n as currently filed wit	h the Florida Dept. of State)
(Docume	nt Number of Corporati	on (iftmourn)
Pursuant to the provisions of section 607.1006. Florida Stanfacts Articles of Incorporation:	Statutes, this <i>Florida Pr</i>	cofit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corp	poration:	
		The new
name must he distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc," or "Co". A pr	
3. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDR</u>	ESS)	₩
		5 T
		301 - 1
Enter new mailing address, if applicable:		Sill or in
(Mailing address MAY BE A POST OFFICE BOX)		
		िं: ले
		5
. If amending the registered agent and/or registered new registered agent and/or the new registered of		ida, enter the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I a	ered Agent: m familiar with and acc	cept the obligations of the position.
Signatu	re of New Registered A	gent, if changing

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	$\underline{\mathbf{V}}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	DIR	Chiestopher W. Moats	1523 W. Powderhow Dr. Neimus, La 32754
Add			NUMBS, Ja 32754
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
· · · .	
· · · · · · · · · · · · · · · · · · ·	
	
an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	idment if not contained in the amendment itself:
(9 nor appreciate, mateure 1921)	
у пог арупсаме, тасше пла	
у пог арупсаме, также пла	
у пог арупсаме, также пла	
у пог аррисале, также пла	
у пог аррисале, такше пла	
(g not appreaise, macure 1914)	
(g not apprease, macure 19.1)	

The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	ll not be listed as
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	
(voting group)	
☐ 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 November 13, 2018 Signature	
Signature LOA	
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)	
Michely Loyd	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	

the

the