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17 NOV -6 PH 4: 17
SECRETARY OF SHAFE

COVER LETTER

TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: Black Sails Yacht Services Inc.						
DOCUMENT NUMBER: P17000085225						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Manuel A. Monzo						
Name of Contact Person						
Black Sails Yacht Services Inc.						
Firm/ Company						
9078 NW 120 Terrace						
Address						
	Hialeah, Florida	33018				
		ınd Zip Code				
	oznom@hotr	nail.com				
E-mail address:	(to be used for future a	nnual report notification)				
For further information concerning this matter, please call:						
Manuel A. Monzo		at (305) 299-2179				
Name of Contact Person		Area Code & 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	_	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

FILED

17 NOV -6 PH 4: 17

Back Sails Yacht Services Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) P17000085225 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: BLACK SAILS YACHT SERVICES INC. must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: 9078 NW 120 Terrace (Principal office address <u>MUST BE A STREET ADDRESS</u>) Hialeah, Florida 33018 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 9078 NW 120 Terrace Hialcah, Florida 33018 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 address: Name of New Registered Agent Manuel A Monzo

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address: Hialcah

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(City)

9078 NW 120 Terrace

Signature of New Registered Agent, if changing

(Florida street address)

, Florida 33018

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 <math>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> <u>John</u>	<u>ı Doc</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>P</u>	Manuel A Monzo	9078 NW 120 Terrance
Add			Hialeah, Florida 33018
Remove			
2)Change			
Add			
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5)Change			
Add			
Remove			
6)Change			
Add			
Remove			

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

The date of each amendment(s) adoption: 11/02/2017	, if other than the
date this document was signed.	
Effective date <u>if applicable:</u> 11/09/2017	
(no more than 90 days after amendment file da	te)
Note: If the date inserted in this block does not meet the applicable statutory filing requireme document's effective date on the Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the the shareholders was/were sufficient for approval.	he amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The formust be separately provided for each voting group entitled to vote separately on the amendment.	
"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 action was not required.	and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	shareholder
Dated11/02/17	
(By a director, president or other officer – if directors or officers has selected, by an incorporator – if in the hands of a receiver, trustee appointed fiduciary by that fiduciary)	
Manuel A Monzo	
(Typed or printed name of person signing)	
President	
(Title of person signing)	