## P18000053484

Office Use Only



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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ΓΙΟΝ: MIAMI BY US BC	DAT RENTALS, CORP	
DOCUMENT NUMBEI	P18000082484 		
	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
Gl	AUCIA BASTOS		
		Name of Contact Persor	1
TF	RUST CIRCLE SERVICE	ES, LLC	
		Firm/ Company	
10	01 EAST SAPLE ROAD	10E	
_		Address	
PC	OMPANO BEACH FLOR	IDA 33064	
		City/ State and Zip Code	e
ATEND	IMENTO@THETRUSTO	CIRCLE.INFO	
	<del>-</del>	sed for future annual report	notification)
		•	
For further information co	oncerning this matter, pleas	se call:	
GLAUCIA BASTOS		954 at (	2459123
Name of Contact Person		Area Code & Daytime Telephone Number	
Enclosed is a check for th	ne following amount made	payable to the Florida Depa	urtment of State:
S35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		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

MIAMI BY US BOAT RENTALS. CORP

(Name of Corporation as currently	filed with the Florida 20 வேடும் இது நிறும் இது நிறும் கூடும்
P18000082484	** <b>** ** ** ** ** ** ** </b>
(Document Number of C	Orporation (if known) LLAMASSEE, FECAMUL
Pursuant to the provisions of section 607,1006, Florida Statutes, this $F_0$ its Articles of Incorporation:	Iorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.' or "C word "chartered," "professional association," or the abbreviation "P	$\sigma^*$ . A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Muiling address <u>MAY BE A POST OFFICE BOX</u> )	
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	4 address)
New Registered Office Address:	;iva , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent—I am familiar wi	

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:

President: V Vice President: Teasurer: Secretary, Defrector, TRe Trustee: Celliniman 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: $\underline{X}$ Change	<u>171</u>	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	VALMIR B PRATA	300 BAYVIEW DRIVE PH10
Add			SUNNY ISLES BEACH
X Remove			FLORIDA 33160
2) Change	VP	LUCAS F PRATA	300 BAYVIEW DRIVE PH10
X Add			SUNNY ISLES BEACH
Remove			FLORIDA 33160
3.) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additional</i>	dding additional	Articles, enter cha	inge(s) nere.		
	sheets, if necessar	ry) – (Be specific)			
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	t provides for an	exchange, reclassi	<u>ification, or cancel</u>	ation of issued sha	<u>res,</u>
f an amendmen		amendment it not	contained in the a	mendment itsett:	
provisions for i	mpiententing tue	.13			
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f an amendmen provisions for i (if not appli	cable, indicate N				
provisions for i	cable, indicate N				
provisions for i	cable, indicate N				

	10/04/2018 dontion:	, if other than the
the date of each amendment(s) a late this document was signed.	doption:	, it Office than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file dater	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes east for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes case	for the amendment(s) was/were sufficient for approval	
hy	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
10/04/20	18	
Dated		
Signature		
Signature 11.	freetor, president or other officer – if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
	nted fiduciary by that fiduciary)	
	ALINE S CARLOS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of norson signing)	