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(Red	questor's Name)	
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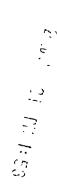


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R. WHATT

COVER LETTER

TO: Amendment Section

Division of Corpo	rations		4 "	
NAME OF CORPOR	ATION: LL BOAT REFIN	ISHING CORP		
DOCUMENT NUMB				
The enclosed Articles is	of Amendment and fee are su	bmitted for filing.		
Please return all corres	oondence concerning this ma	atter to the following:		
	IS	SAIN LOPEZ		
-	Name of Contact Person			
	TL BOA	AT REFINISHING CORP		
-		Firm/ Company		
	7610 WESTWOOD DR APT 108			
-	<u> </u>	Address		
	TAMA	RAC, FL, 33321		
-		City/ State and Zip Cod	e	
	LOPE2	ZISAIN155@GMAIL.CON	1	
-		sed for future annual report		
For further information	concerning this matter, pleas	se call:		
ISAIN LOPEZ		at (639-9602	
Name o	f Contact Person	at (Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made			
S35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amer Divis P.O.	ing Address odment Section ion of Corporations Box 6327	Amenc Divisio The C	Address Iment Section on of Corporations entre of Tallahassee	
Talla	hassee, FL 32314	24151	N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

L BOAT REFINISHING CORP

		4 . 2 2 1.00
(Name of C	orporation as currentl	ly filed with the Florida Dept. of State)
P20000006412		
	(Document Number o	of Corporation (if known)
	(Issue and Issue as a second a	Toolperanon (Trinovin)
Pursuant to the provisions of section 607.100 as Articles of Incorporation:	6, Florida Statutes, this	Florida Profit Corporation adopts the following amendm
A. If amending name, enter the new name	of the corporation:	
N/A		The nev
name must he distinguishable and contain the "Inc" or Co.," or the designation "Corp "chartered," "professional association," or	o, " "Inc," or "Co" z	company," or "incorporated" or the abbreviation "Corp., A professional corporation name must contain the wor.
Enter new principal office address: (f. a	naliaukla.	N/A
Enter new principal office address, if a Principal office address MUST BE A STR		
. 23		
Enter new mailing address, if applicat		N/A
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX)	
. If amending the registered agent and/o	r registered office add	ress in Florida, enter the name of the
new registered agent and/or the new re	gistered office address	<u>:</u>
Name of New Registered Agent	'A	
 -	, pre - J	
	(r tortaa sir	reet address)
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	Florida
		(City) (Zip Code)
ew Registered Agent's Signature, if chan	ging Registered Agent	<u>.</u>
nereoy accept the appointment as registered	a agent 1 am Jamutar v	with and accept the obligations of the position.
	Signature of New P	egistered Agent, if changing
	ingilature by thew N	egister ou rigerii, if crianging
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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	DIANA M REBOLLEDO MUNOZ	7610 WESTWOOD DR APT 108
X Add			TAMARAC, FL, 33321
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or adding additional Article</u> (Attach additional sheets, if necessary).	cles, enter change(s) (Be specific)	<u>here</u> :		
N/A	, 20 .,,,,,,,,			
				-
		 		
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F. If an amendment provides for an excha	ange, reclassification	or cancellation of i	ssued shares,	
provisions for implementing the amer (if not applicable, indicate N/A)	adment if not contain	<u>ied in the amendmer</u>	<u>it itself:</u>	
N/A				
1978	 _			.
<u> </u>				
			<u>, , , , , , , , , , , , , , , , , , , </u>	
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•	07/16/2020	
The date of each amendment(s) add date this document was signed.	option:, if	f other than
07/16 Effective date <u>if applicable</u> :	5/2020	
inective date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not partment of State's records.	be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop action was not required.	oted by the incorporators, or board of directors without shareholder action and share	eholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	**	
•	(voting group)	
DatedSignature	The Later of the Control of the Cont	
(By a dire selected,	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
	ISAIN LOPEZ	
_	(Typed or printed name of person signing)	
	PRESIDENT	
_	(Title of person signing)	

the

the