## P20000067039

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(acomoco zinny riame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO: Amendment Section Division of Corporations

	ATION: Making  ER: P2000000  of Amendment and fee are sub-			<u>-</u>
Please return all corres	pondence concerning this mat	ter to the following:		
-	Makyua	Name of Contact Person	· 1	
-		Firm/ Company		
	308 54 8	and street		
		Address		
	Foot Laut	Address  exolate FL  City/ State and Zip Cod	33315	
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For further information	n concerning this matter, pleas	se call:		
Makyue	Petushuova of Contact Person	at 786	310-8923	
Name o	of Contact Person	Area Co	de & Daytime Telephone N	√umber
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	20 3

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation of

Marine	-62	CARO

Nε	me	of:	Cor	poration	as cu	rrently	filed	with th	he I	Florida	Dept.	of St	ate)

P20000064039

Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this F	<i>Florida Profit Corporation</i> ado <sub>l</sub>	pts the following amendment(			
A. If amending name, enter the new name	ae of the corporation:					
			The new			
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Co "chartered," "professional association," o	rp," "Inc," or "Co". A	professional corporation nan	r the abbreviation "Corp.," ne must contain the word			
B. Enter new principal office address, if applicable:		308 SW 224	d Street			
(Principal office address <u>MUST BE A ST</u>	REET ADDRESS )	Fort Lauterdole,				
		FL 33315				
C. Enter new mailing address, if applications (Mailing address MAY BE A POST O		308 sw 26	and street			
		Fort Lauter	dsle			
		FL. 33315				
D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent	registered office address:		e of the			
-	308_5W_& (Florida stre	24d Street	<del></del>			
New Registered Office Address:	Fort Louter	coleta	Florida 33312 (Zip Code)			
New Registered Agent's Signature, if ch. I hereby accept the appointment as registed	red agent. I am familiar w	rith and accept the obligations	of the position. 2001 OCT			
Check if applicable  ☐ The amendment(s) is/are being filed pure	rsuant 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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
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4) Change			
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5) Change			
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The date of each amendment(s) ac	option:	, if other	than the
date this document was signed.			
Effective date if applicable:			,
	(no more than 9	0 days after amendment file date)	
Note: If the date inserted in this bidocument's effective date on the De		cable statutory filing requirements, this date will not be list	ed as the
Adoption of Amendment(s)	(CHECK ONE)		
☑ The amendment(s) was/were add action was not required.	pted by the incorporators, or	board of directors without shareholder action and shareholde	г
☐ The amendment(s) was/were ade by the shareholders was/were su		e number of votes east for the amendment(s)	
		rough voting groups. The following statement vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/w	ere sufficient for approval	
by		·*	
•	(voting group)		
DatedO	119 /2024		
Signature	p.r	_	
(By a d	rector, president or other off	icer – if directors or officers have not been	
	i, by an incorporator – it in the ed fiduciary by that fiduciary	ne hands of a receiver, trustee, or other court	
npp	• •		
	Makyua	Petushuov (	_
	(Typed or printed	name of person signing)	
	(Title of person s	ut	
	(Title of person s	igning)	-

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