P2100046172

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

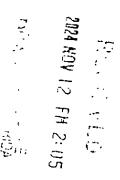


200439210872

amena



A. RAMSEY



CT CORP

(850) 656-4724 3458 lakesore Drive Tallahassee, FL 32312

11/12/2024

D	ate:1	1/12/2024	· 4:15W
		Acc#I20160000072	41: () = W
Name:	West Marine F	Products, Inc.	
Document #:			
Order #:	15973902	-	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:	<u> </u>	Country of Destination: Number of Certs:	
Filing: 🚺	Certified: Plain: COGS:		Email Address for Annual Report Notification
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	43.75	

Thank you!

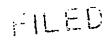
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA		icts, Inc.	
DOCUMENT NUMBI	ER: P21000046172		
	f Amendment and fee are sul	bmitted for filing.	
Please return all corresp	ondence concerning this mat	tter to the following:	
ŀ	Kellie Keeling		
_		Name of Contact Person	
ŀ	Cirkland & Ellis, LLP		
_		Firm/ Company	
ϵ	609 Main Street		
_		Address	
I	louston, Texas 77002		
_		City/ State and Zip Code	
<u> </u>	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Kellie Keeling		at (713	836-3758 de & Daytime Telephone Number
Name of	Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	S43.75 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. l	ing Address Indiment Section Identification of Corporations Box 6327 Indianate of the section of	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



West Marine Products, Inc.	2024 NOV 12 AM 11: 52
(Name of Corporation as cu	irrently filed with the Florida Dept. of State)
P21000046172	e setary of Singra e search
(Document Nur	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	ion:
	The new
name must be distinguishable and contain the word "corporation" lnc.," or Co" or the designation "Corp." "Inc," or "C "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Corp" To". A professional corporation name must contain the word "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>))
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered offic	
new registered agent and/or the new registered office a	ddress:
Name of New Registered Agent	
(Flor	rida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	
Signature of 3	New Registered Agent, if changing
Check if applicable	

 \Box 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 PΤ John Doe $\underline{\mathbf{V}}$ X Remove Mike Jones SV<u>X</u> Add Sally Smith Type of Action Title Address Name (Check One) 1 E. BROWARD BLVD., #200 1) X Change CFO Bill Stotzer FORT LAUDERDALE, FL 33301 ___ Add ____ Remove LE, BROWARD BLVD., #200 Jim Grady 2) ____ Change FORT LAUDERDALE, FL 33301 ____ Add Remove Marc Magliacano 1 E. BROWARD BLVD., #200 3) ____ Change X__Add FORT LAUDERDALE, FL 33301 ____ Remove Matt Lischick 1 E. BROWARD BLVD., #200 4) ____ Change FORT LAUDERDALE, FL 33301 Add ____ Remove LE. BROWARD BLVD., #200 Đ Dean McPhail 5) ____ Change FORT LAUDERDALE, FL 33301 _ Add ____ Remove Michael Guarnieri LE, BROWARD BLVD., #200 6) ____ Change FORT LAUDERDALE, FL 33301 Add Remove

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
· · · · · · · · · · · · · · · · · · ·		

If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	
provisions for implementing the amer	ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

The date of each amendment(s) ado date this document was signed.	ption:, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this blod document's effective date on the Department.	ck does not meet the applicable statutory filing requirements, this date will not be listed as the irtment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
☐ The amendment(s) was/were appromust be separately provided for ea	ved by the shareholders through voting groups. The following statement sech voting group entitled to vote separately on the amendment(s):
"The number of votes east fo	r the amendment(s) was/were sufficient for approval
by	(voting group)
selected.	11/2024 cto/, president or other officer if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
- P ₁	(Typed or printed name of person signing)
S	ecretary
_	(Title of person signing)

FLORIDA - ATTACHMENT (Directors/Officers)

For Section 7-8 please list ALL that should be on state record.

8. Name and address of each Director (Corp):

Name: MICHAEL GUARNIERI

Title: 1 E. BROWARD BLVD., #200 Address: FORT LAUDERDALE, FL 33301

Name: MATTHEW KAHN

Title: 1 E. BROWARD BLVD., #200 Address: FORT LAUDERDALE, FL 33301

Name: HUGH CHARVAT

Title: 1 E. BROWARD BLVD., #200 Address: FORT LAUDERDALE, FL 33301

Name: Title: Address:

Name: Title: Address: