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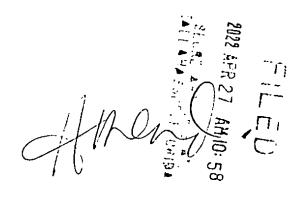
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JUN 25 2022 D COMMENTAL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CO	DASTAL CLEAR CONCEPT	S, INC.			
DOCUMENT NUMBER: P22000	0026642				
The enclosed Articles of Amendme		ing.			
Please return all correspondence co	ncerning this matter to the foll	owing:			
MICHELE N	MAROLDO				
	Name of C	Contact Person			
COASTAL	COASTAL CLEAR CONCEPTS, INC.				
<u></u>	Firm/	Company			
8845 SPRIN	G VALLEY DR				
· · · -	Address				
BOYNTON	BOYNTON BEACH, FL 33472				
	City/ State	and Zip Code			
COASTALC	CLEARCONCEPTS@GMAIL	.COM			
E-mail a	address: (to be used for future	annual report no	tification)		
For further information concerning	this matter, please call:				
MICHELE MAROLDO	at	(631	312-1017		
Name of Contact Pe			& Daytime Telephone Number		
Enclosed is a check for the following	ng amount made payable to the	Florida Departn	nent of State:		
_	5 Filing Fee & S43.75 Ficate of Status Certified (Additional enclosed)	Copy al copy is	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section of Corporation of Corporation (Corporation of Corporation (Corporation of Corporation of Cor	ion orations	The Cent 2415 N. !			

Articles of Amendment to Articles of Incorporation of

COASTAL CLEAR CONCEPTS, INC.

(Name	of Corporation as curren	tly filed with the Florid	la Dept. of State)	
P22000026642				
	(Document Number	of Corporation (if know	n)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corpord	ation adopts the following amend	ment(s)
A. If amending name, enter the new n	ame of the corporation:			
N/A			The n	74714"
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corpora	rated" or the abbreviation "Corp	7., ''
B. Enter new principal office address,	if annlicable:	N/A	202	
(Principal office address MUST BE A S			* * ***	- `f;
			*	
			22 [_
C. Enter new mailing address, if appl	icable:	N/A	~ ` ⊒ ¥	T)
(Mailing address MAY BE A POST		1N/A		<u>-</u> -'
			<u>क</u> ्रे. 00	
				_
			· · · · · · · · · · · · · · · · · · ·	_
D. If amending the registered agent ar			the name of the	
new registered agent and/or the ne-	N/A	<u>55:</u>		
Name of New Registered Agent	N/A			
	(Florida s	treet address)		
New Registered Office Address:	N/A		, Florida	
		(City)	(Zip Code)	
N D	Name de la Distriction de Alexandre			
New Registered Agent's Signature, if c I hereby accept the appointment as regist			igations of the position.	
		•		
	0.			
	Signature of New	Registered Agent, if chai	nging	
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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	MICHELE MAROLDO	8845 SPRING VALLEY DR
X Add			BOYNTON BEACH, FL 33472
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
Kelijove			

11 amen	ling or adding additional Articles, enter change(s) here:	
	dditional sheets, if necessary). (Be specific)	
PLEASE LIST MICHELE MAROLDO AS (P) PRESIDENT ON THE TOP OF THE OFFICERS LIST ABOVE		
AME, MA	DISON PYSARCHUK (S)	
· · · · · · · · · · · · · · · · · · ·		
		
 		
lfanan	endment provides for an exchange, reclassification, or cancellation of issued shares,	
provisi	ons for implementing the amendment if not contained in the amendment itself:	
_	not applicable, indicate N/A)	
'A		

The date of each amendment(s) adoption: date this document was signed.	_, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by'`	
(voting group)	
APRIL 26, 2022 Dated Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
MICHELE MAROLDO	
(Typed or printed name of person signing)	
(P) PRESIDENT	
(Title of person signing)	