Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP

Account Number : I20200000059 Phone

: (954)727-9771

Fax Number

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COR AMND/RESTATE/CORRECT OR O/D RESIGN YATCH SPECIALTY SERVICES INC

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Electronic Filing Menu

Corporate Filing Menu

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TO: Amendment Section

< HZZ000371827 37

COVER LETTER

Division of Corpo				
NAME OF CORPOR	ATION: YATCH SPECIALT	TY SERVICES INC		
DOCUMENT NUMB	ER: P22000039788			
	of Amendment and fee are sub	mitted for filing.		
	pondence concerning this matt			
	JORGE M ARROYAVE			
•		Name of Contact Person		
	YATCH SPECIALTY SERVI	ICES INC		
		Firm/ Company		
	9495 EVERGREEN PL APT	•	_	
	Address			
	DAVIE, FL 33324			
		City/ State and Zip Code	:	
		Only, Date and any		
•	E-mail address: (to be us	ed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
JORGE M ARROYA	VE	at ()	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.O	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Division The C 2415 B	Address Iment Section on of Corporations entre of Tallahassec N. Monroe Street, Suite 810	

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< HZZ 000 3718273>

Articles of Amendment Articles of Incorporation

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p.3

YATCH SPECIALTY SERVICES INC	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P22000039788	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
YACHT SPECIALTY SERVICES INC	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address	N/A dress in Florida, enter the name of the
Name of New Registered Agent N/A	
(Florida s	treet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ages I hereby accept the appointment as registered agent. I am familian	nt: r with and accept the obligations of the position.
Signature of New	Registered Agent, if changing

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☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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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 Y 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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
i) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change	_		
Add			
Remove			
6) Change			
Add		•	
Remove			

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	rticles, enter change(s) hi). (Be specific)		
		<u> </u>	
<u> </u>			
			
			
			_
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			ad abunas
f an amendment provides for an	xchange, reclassification	or cancellation of it	spea snares. t itself:
f an amendment provides for an provisions for implementing the	imenditisti ti not contan	ed til the amendinen	<u> </u>
tic Unable indicate N/A	,		
(i) not applicable, indicate IVA			
(i) not applicable, indicate IVA			
(i) not applicable, indicate IVA			
(i) not applicable, indicate IVA			
(i) not applicable, indicate IV/A			
(i) not applicable, indicate IV/A			
(if not applicable, indicate lv/A			
(if not applicable, indicate lv/A			
(if not applicable, indicate lv/A			
(if not applicable, indicate lv/A			
(if not applicable, indicate N/A			
(if not applicable, indicate lv/A			

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•	10/31/2022	, if other than the
The date of each amendment(s) a	loption:	
date this document was signed.	10000	
9	1/2022	
Effective date <u>if applicable</u> :	(no more than 90 days after amen	dment file date)
Note: If the date inserted in this l document's effective date on the D	lock does not meet the applicable statutory fil partment of State's records.	ing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors	without shareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes ifficient for approval.	s cast for the amendment(s)
☐ The amendment(s) was/were ap	proved by the shareholders through voting grou each voting group entitled to vote separately of	ps. The following statement n the amendment(s):
	for the amendment(s) was/were sufficient for a	
by	(voting group)	"
10/31/202 Dated		
selec	director, president or other officer – if directors ed, by an incorporator – if in the hands of a reconted fiduciary by that fiduciary)	or officers have not been eiver, trustee, or other court
	JORGE M ARROYAVE	
	(Typed or printed name of person	signing)
	PRESIDENT	
	(Title of person signing)	

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