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AUG 1 7 2017 S. YOUNG

## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: \_ GUTHRIE MARINE, INC. DOCUMENT NUMBER: P93000073659 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TOM ANDREWS Name of Contact Person AVMAR ACCOUNTING SERVICES INC Firm/ Company 9 SW 13TH STREET Address FT LAUDERDALE, FL 33315 City/ State and Zip Code CHARLENE@AVMARACCOUNTING.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 954 ) 764-0404

Area Code & Daytime Telephone Number TOM ANDREWS Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

GUTHRIE MARINE, INC.		
(Name of Corporation as curren P93000073659	tly filed with the Florida Dept. of State)	
	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	•	g amendment(s)
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must o "P.A."	contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	96383 Marsh He Fernandina Beach	en Koad FL
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	96383 Marsh Hel Fernandina Beach	32034 n Rd. n, EL 32034
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		
Name of New Registered Agent		·
(Florida st	reet address)	7 360
New Registered Office Address:	(City) , Florida (Zip C	ode)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.	: 02 : 03 : 03
" signature of New h	Registered Agent. if changing	

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, Sully Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sully Smith, SV as an Add.

Example:

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) X Change	P	DENNIS GUTHRIE	96383 Marsh Hen Road
Add			Fernandina Beach, FL 32034
Remove			
2) X Change	VP	PAMELA GUTHRIE	96383 Marsh Hen Road
Add			Fernandina Beach, FL 32034
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
Add	=		
Remove			

(Attach additional sheets.	if necessary).	cles, enter change (Be specific)	<del></del>		
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f an amendment provide provisions for implemen (if not applicable, inc	ting the amend	dment if not cont	ined in the amen	on of issued share	es,
EASE CHANGE OWNER	UOMA PIHZE	NTS TO THE FOL	LOWING;	_	
MELA GUTHRIE 49% O	WNERSHIP				
NNIS GUTHRIE 51% OV	VNERSHIP				
				·	

	JULY 12, 2017	
The date of each amendment(s) a	doption:	, if other than th
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this I document's effective date on the De	block does not meet the applicable statutory filing requirements, this date spartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were add by the shareholders was/were su	apted by the shareholders. The number of votes east for the amendment(s) fficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	proved 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	for the amendment(s) was/were sufficient for approval	
by	<b></b>	
<del></del>	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
JULY 12, 2	017	
Dated	mela Huthric	
	rector, president or other officer - if directors or officers have not been	
	L by an incorporator - if in the hands of a receiver, trustee, or other court	
appoint	ed fiduciary by that fiduciary)	
	PAMELA GUTHRIE	
•	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	