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COVER LETTER

Division of Corp				
NAME OF CORPO	RATION: PBP MARII	NA, INC.		
	BER: P940006207	4		
DOCUMENT NUMI	BER: 1 0 100000207			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this mat	ter to the following:		
	ROBERT MONG	ELLI		
		Name of Contact Persor	1	
	PBP MARINA, IN	C.		
		Firm/ Company		
	1025 SANDYS W	/AY		
	Address			
	KEY WEST, FL 3	3040		
		City/ State and Zip Code	3	
	E-mail address: (to be us	ed for future annual report	notification)	
		•	,	
For further information	on concerning this matter, pleas	se call:		
ROBERT MONGELLI 305 , 923-6000				
Name of Contact Person		at (<u>305</u>	de & Daytime Telephone Number	
Name	of Confact Person	Alea Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		Street Address		
Amendment Section		Amendment Section		
I I			Division of Corporations Clifton Building	
Tallahassee, FL 32314 Conton Building Canton Building Canton Building 2661 Executive Center Circle				
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Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) P94000062074 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following ame as Articles of Incorporation: A. If amending name, enter the new name of the corporation: The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevence of "corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain vord "chartered." "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent	
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new registered agent and/or the new registered office address: Name of New Registered Agent	0
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida	
New Registered Office Address. (City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	

Signature of New 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 <math>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	<u>PT</u>	John Doc	
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	D	PAUL TRIPP	231 MARGARET ST
Add	<u> </u>		KEY WEST, FL 33040
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
∧dd			
Remove			
5) Change		_	
Add			
Remove			
6) Change		_	
Add			
Remove			

acn <i>additional she</i>	ng additional Art rets, if necessary).				
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an amendment pr	ovides for an exc	hange, reclassi	fication, or can	ellation of issue	ed shares,
rovisions for impl	lementing the am	endment if not	contained in the	amendment it	self:
(if not applicab	le. indicate N/A)				
		"			

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	- <u>-</u>
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes east for the amendment(s) Ticient for approval.	
The amendment(s) was/were approvided for must be separately provided for	roved 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 I	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 11/7/210	Ω	
Signature ROBI	ERT MONGELLI	
selected	rector, president or other of iter fit directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	ROBERT MONGELLI	
	(Typed or printed name of person signing)	
	DT	
	(Title of person signing)	