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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	NE & BOATLIFT CO		
DOCUMENT NUM	P99000002349			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	HAROL FIGUEROA			
	Name of Contact Person			
	ANCHOR MARINE & BOATLIFT CO			
		Firm/ Company		
	4323 W BAY TO BAY BLVD, SUITE 600			
	Address			
	TAMPA, FL 33629			
	City/ State and Zip Code			
	WHATSUPDOCKTAMPA@GMAIL.COM			
E-mail address: (to be used for future annual report notification)		14. 178 162		
For further information	on concerning this matter, pleas	se call:		<u> </u>
HAROL FIGUEROA	A.	at (2849607	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Dep		
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	H.F \$4552.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		Street Address		
Amendment Section Division of Corporations		Amendment Section Division of Corporations		

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ANCHOR MARINE & BOATLLIFT CO

(Name o	of Corporation as currently	filed with the Florida Dept. of State)	
P99000002349			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	Iorida Profit Corporation adopts the followin	g amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
	Corp," "Inc," or "Co". A	ompany," or "incorporated" or the abbreviation professional corporation name must contain	
спатичеа, ргојеммона амосканон,	or the appreviation T.A.	N/A	
B. Enter new principal office address, (Principal office address MUST BE A S			
(17 metpat typice datatess <u>stroot typico</u>	, , , , , , , , , , , , , , , , , , ,		
C. Enter new mailing address, if appl	icable		
(Muiling address MAY BE A POST		N/A	
D. If amending the registered agent ar new registered agent and/or the ner		ess in Florida, enter the name of the	
	HAROL FIGUEROA		÷ ;
Name of New Registered Agent	221 W COLNTRY CLUB	DDIVIC	
	321 W COUNTRY CLUB		
	(Florida stre	33612	Ξ.
New Registered Office Address:		Florida 33612	Code) = C
	'	(m)	一一日の
New Registered Agent's Signature, if c	hanging Registered Agent:	id de sando Elimentos Calmanations	
I hereby accept the appointment as regist	tered agent. I am Jamiliar w	ith and accept the obligations of the position.	
1,	1~17		
	Y 1 11		_
. ,	Signature of New Re	gistered Agent, if changing	

Check if applicable

 \square 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.

X Change	<u>PT</u>	John Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	þ	HAROL FIGUEROA	321 W COUNTRY CLUB DR
Add			TAMPA, FL 33612
Remove 2) X Change	VP	JAMES GRES	581 W DAVIS BLVD
2) Change Add			TAMPA, FL 33606
Remove 3) X Change	CFO	MARIO L REYES PINERA	1107 S PARSONS AVENUE
Add			SEFFNER, FL 33584
Remove			536
4) Change			
Add			
Remove			
5) Change			<u> </u>
Add			<u> </u>
Remove			
6) Change			
Add			
Remove			

(Attach additional sh	ing additional Articles, enter eass, if necessary). (Be spec-	ific)	
//A			
	· 		
			
			<u> </u>
	-		
If an amendment pr	rovides for an exchange, rec	lassification, or cancellation of issued shares	•
provisions for imp	lementing the amendment if ele, indicate N/A)	not contained in the amendment itself:	· · · · · · · · · · · · · · · · · · ·
	RES HERE IS THE DIVISION	NOF SUCH:	-
IAROL FIGUEROA	251% OWNERSHIP	ide For	
AMES GRES	124.5% OWNERSHIP	Jenny Gres	
	124.5% OWNERSHIP	49	
MARIO L REYES	- ·· · ·		
MARIO L REYES			,
AARIO L REYES			
AARIO L REYES			

The date of each amendment date this document was signed	(s) adoption:	, if other than the
_	09/01/2023	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date with the Department of State's records.	II not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement of 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)	
09/01. Dated	/2023	
Signature	HITT.	
(B se	y a director. Tresident or other officer – if directors or officers have not been dected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	<u> </u>
	HAROL FIGUEROA	9693 SEN 12
	(Typed or printed name of person signing)	
	PRESIDENT	1.5
	(Title of person signing)	
		ان بن
		- <u> </u>

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