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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CAPT'N TINY CH	HARTERS, INC.	,,			
DOCUMENT NUME	1/25323					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	G. CHUCK TAYLOR, CPA					
		Name of Contact Person				
	HARE TAYLOR, LLC					
	Firm/ Company					
	2589 Jenks Ave					
		Address				
	Panama Clty, FL 32405					
		City/ State and Zip Code				
chucl	ktaylor@harecpa.com					
	• •	sed for future annual report i	notification)			
		ou io ium uniterior				
For further information	n concerning this matter, pleas	se call:				
Chuck Taylor, CPA		850 at (763-9635			
Name of Contact Person			e & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Depai	rtment of State:			
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amendi Division Clifton 2661 Ex	Address nent Section t of Corporations Building secutive Center Circle ssee, FL 32301			

Articles of Amendment to Articles of Incorporation of

CAPT'N TINY CHARTERS, INC.

(Name of Corpora	ition as currently file	d with the Florida Dept	. of State)	•
V25323				
. (Doc	ument Number of Сог	ooration (if known)		
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, this <i>Florid</i>	da Profit Corporation ad	opts the fol	llowing amendment(s) to
A. If amending name, enter the new name of the	corporation:			
CAPTAIN TINY CHARTERS, INC.				The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co. word "chartered," "professional association," or th	rp," "Inc," or "Co".	A professional corpora		the abbreviation
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET AL				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>			
D. If amending the registered agent and/or registered		a Florida, enter the nan	ne of the	
new registered agent and/or the new registere	ed office address:			
Name of New Registered Agent				
	(Florida street ad	dress)		
New Registered Office Address:			, Florida	
	(City)			(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent Signature.	t. I am familiar with a	nd accept the obligation: pred Agent, if changing	SECRETARY UF BTATE	FILED

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,

Example: X_Change	<u> PT</u>	John Do	<u>u</u>	
X Remove	<u>V</u>	Mike Jo	n <u>es</u>	
X Add	<u>sv</u>	Sally Sn	<u>uith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add	-	_		
Remove				
Remove				
4) Change		_		
Add				
Remove				
S) Char				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach <i>ada</i>	ig or adding additional litional sheets, if necessa	ry). (Be specific)	· · · · · · · · · · · · · · · · · · ·		
<u> </u>				<u>-</u> .	
					
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<u>provisior</u>	ndment provides for an is for implementing the	exchange, reclassi amendment if not	fication, or cancell contained in the a	<u>ation of issued sha</u> mendment itself:	res,
(if no	t applicable, indicate N/.	A)			
-					·
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08/02/2018	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
08/02/2018	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amenament fue date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendme by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	?ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by (voting group)	
(voting group)	
 □ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. □ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder 	
action was not required.	
08/02/2018 Dated	
Signature (By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	en ourt
Billy Archer	
(Typed or printed name of person signing)	
President	
(Title of person signing)	