## L61507

(Re	equestor's Name)	_
(Ac	idress)	<del>_</del>
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(Ci	ty/State/Zip/Phone	e #)
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(Bı	usiness Entity Nar	ne)
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ISLANDIA KEY I	FIVE. INC.				
DOCUMENT NUMB						
	of Amendment and fee are su	bmitted for filing.				
Please return all corres	oondence concerning this ma	tter to the following:				
		ALICIA GARCIA				
-	Name of Contact Person					
	ISLANDIA KEY FIVE, INC.					
-	Firm/ Company					
_	555 NE 15th STREET SUITE 100					
	Address					
-	MIAMI, FLORIDA 33132					
	City/ State and Zip Code					
		ARCIA@PEGASOCORP.C				
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
ALICIA GARCIA		305	576-7800			
Name o	f Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
S35 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The C 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, Fl. 32303			

## Articles of Amendment to Articles of Incorporation of

FHED

ISLANDIA KEY FIVE, INC. (Name of Corporation as currently filed with the Florida Dept, of State) L61507 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) 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 (Florida street address) New Registered Office Address: 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.

Signature of New Registered Agent, if changing

## Check if applicable

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)

Example:

Please note the officer/director title by the first letter of the office title:

 $P = President; V \in Vice President; T = Treasurer; S \in Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer'director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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 De	<u>oe</u>	
X Remove	$\underline{V}$	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) X Change	Р	_	Francisco M Martinez-Miyashiki	555 NE 15th Street Suite 100
Add		_		Miami, Fl 33132
Remove  2) X Change	D		Francisco Martinez-Celeiro	555 NE 15th Street Suite 100
Add		_		Miami, Fl 33132
Remove Change		_		
Add				
Remove				
4) Change		_		
Add Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding (Attach additional sheets	additional Articles, ente ; if necessary). (Be spec			
N/A				
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. If an amendment provi	des for an exchange, rec	lassification, or cance	ellation of issued shar	es,
<u>provisions for implem</u> (if not applicable, i	enting the amendment if indicate N/A)	f not contained in the	amendment itself:	
7/A				
		<del></del>		
·			<u>.</u>	
	<del></del>			

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•	03/22/2021	
The date of each amendment date this document was signed.		, if other than the
Effective date if applicable:		
<del></del> -	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, ne Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without sharehol	der action and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amerere sufficient for approval.	idment(s)
	e approved by the shareholders through voting groups. The following d for each voting group entitled to vote separately on the amendment(	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
03/22/ Dated		
Signature	( JW	
(B)	y a director, president of other officer – if directors or officers have no lected, by an incorporator – if in the hands of a receiver, trustee, or oth pointed fiduciary by that fiduciary)	
	Franicisco M Martinez-Miyashiki	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	