## P04000133823

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Amend

MUN 8-24-11

## **COVER LETTER**

i

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Emeral	1 Cay Corporation
DOCUMENT NUMBER: PO 4000	33823
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Gail Anders	SOC f Contact Person
<u>Emerald Cay</u>	COVO.
1807 Flowe	Address
Palm Ba Gar City/ Sta emeral day or or E-mail address: (to be used for fi	ate and Zip Code  Comcast. Net  uture annual report notification)
For further information concerning this matter, pleas	e call:
Ctail Anderson  Name of Contact Person	at (50) 578-9826 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
\$35 Filing Fee \$\ \tag{\$43.75 Filing Fee & Certificate of Status}	\$43.75 Filing Fee & Status  Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee Certificate of Status  Certified Copy (Additional Copy is enclosed)
Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32301

## **Articles of Amendment**

to

	Articles of Incorporation	
•	of	SECOND OF THE PARTY OF THE PART
emeraldo	ay Corporat	100 CARROLLAND
(Name of Corporation as curi		la Dept. of State)
P04000	133823	In Dept. of State
(Document Nu	mber of Corporation (if kno	own)
ursuant to the provisions of section 607.100 nendment(s) to its Articles of Incorporation:	06, Florida Statutes, this F	Ilorida Profit Corporation adopts the followi
If amending name, enter the new name of	of the corporation:	
ame must be distinguishable and contain bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro	e designation "Corp," "Inc	c," or "Co". A professional corporation
Enter new principal office address, if apprincipal office address <u>MUST BE A STREE</u>		
Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFF)</u>		
If amending the registered agent and/or new registered agent and/or the new registered Agent:		n Florida, enter the name of the
N D : 100 411		
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changi sereby accept the appointment as registered to		and accept the obligations of the position.
	Signature of New Registered	d 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)

<u>Title</u>	Name	_	ddress	Type of Action
fficer_	Jay Hark		BONG ACAPULCOF BONGARDIENS, FI 3,3410	
				_
				_
				· · ·
provisions (if not	s for implementing the applicable, indicate N/A	amendment if not co	cation, or cancellation of is ntained in the amendment	itself:
	distribution		100 staras	
	divide	51% to	Gail Anders	<b>3</b> 0∕
	19% to Ja	ry Harker		
		U		
<del> </del>				

The date of each amendment(s) ac	doption: 08/18/11
	(date of adoption is required)
Effective date <u>if applicable</u> :	
· (no	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	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 f	for the amendment(s) was/were sufficient for approval
by	ing group)
(voti	ng group)
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated08	7/18/11
Signature	Hail anderson
	ector, president or other officer - if directors or officers have not been
	by an incorporator – if in the hands of a receiver, trustee, or other court
appointed	d fiduciary by that fiduciary)
	GailAnderson
<del></del>	(Typed or printed name of person signing)
	Director President & Qualifier
	(Title of person signing)