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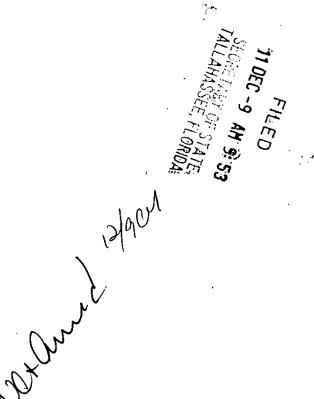
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GULFSTREAM II	I FISHING, INC.	· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBER: P06000073313		
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
ROBERT H LYHNE		
Na	ime of Contact Person	
GULFSTREAM III FISHING, INC	2	
	Firm/ Company	
2827 STAPLES AVE		
2027 6 111 223 11 12	Address	
VEV WEST EL 22040		
KEY WEST, FL 33040	y/ State and Zip Code	
) · · · · · · · · · · · · · · · · · ·	
CAPTAINJAMIE@GULFSTREAM	MKEYWEST.COM	
E-mail address: (to be us	ed for future annual report	notification)
•		
For further information concerning this matter, pleas	se call:	
JAMIE SNEDIKER	at (305) 296-8494
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Dep	artment of State:
☑ \$35 Filing Fee	□\$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		Address Iment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

of State) Profit Corporation adopts the following
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· y
, Florida
(Zip Code)
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Signature of New Registered Agent, if changing

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an

additional sheet.)

Title(s)		Name		Address
1) PRES		ROBERT H LYHNE		2827 STAPLES AVE KEY WEST, FL 33040
2) <u>VP</u>	•	JAMIE J SNEDIKER		2827 STAPLES AVE KEY WEST, FL 33040
3)				
4)				
5)				
6)	·			
<u>If REMOVI</u>	NG an office	er and/or director, please list	the title(s) and	name of the officer/director to be removed:
Title(s)	<u>Name</u>		Title(s)	<u>Name</u>
1)			4)	
2)			5)	· · · · · · · · · · · · · · · · · · ·
3)			6)	

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Re specific)
(union additional sheets, y necessary).	(ne specific)
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if not applicable	e indicate N/A)
(у погаррисани	s, maicale IVA)
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•	
	12/7/11
he date of each amend	dment(s) adoption: 12/7/11
ffective date if applica	able: DECEMBER 7,2011
	(no more than 90 days after amendment file date)
	(OHEOM ONE)
doption of Amendme	nt(s) (<u>CHECK ONE</u>)
The amendment(s) w	as/were adopted by the shareholders. The number of votes cast for the amendment(s)
	was/were sufficient for approval.
oy and shareholders .	The same of approval.
☐ The amendment(s) w	as/were approved by the shareholders through voting groups. The following statement
must be separately p	rovided for each voting group entitled to vote separately on the amendment(s):
(CTT) 1	
	f votes cast for the amendment(s) was/were sufficient for approval
by	,,
<u> </u>	(voting group)
	(10000000000000000000000000000000000000
The amendment(s) w	as/were adopted by the board of directors without shareholder action and shareholder
action was not require	ed.
-	
	as/were adopted by the incorporators without shareholder action and shareholder
action was not require	ed.
Dated	DECEMBER 7, 2011
	Rheit H. Lykne
Signat	ure Kahlil 14. hypere
~ -5	(By a director, president or other officer - if directors or officers have not been
	selected, by an incorporator - if in the hands of a receiver, trustee, or other court
	appointed fiduciary by that fiduciary)
	•
	DODEOT L. LYCINE
	ROBERT H. LYHNE
	(Typed or printed name of person signing)