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DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	ORATION: 57 VD DOL	LARPOOL + SPACESW	FLINC
DOCUMENT NUM	MBER:	0 134830	
The enclosed Article	es of Amendment and fee a	are submitted for filing.	
Please return all cor	respondence concerning thi	is matter to the following:	
	DAVID B (Name	of Contact Person)	
	SAND DOLLAR BOOL	SPA OF SWFLING rm/Company)	·
	330% SE SH	(Address)	····/·····
	CAPE COPAL, I	L 33904 tate and Zip Code)	
For further informat	ion concerning this matter,	please call:	
DAVID BET	of Contact Person)		D - O(623 ne Telephone Number)
Enclosed is a check	for the following amount n	nade payable to the Florida De	epartment of State:
\$35 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 Ade Amendment Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Che a haling land all the received in	11/2:51
SAND DOLLAR (2014-SIA OF SU) FLINC (Name of Corporation as currently filed with the Florida Dept. of State	<u></u>
	,
POLOOO 134836	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Collowing amendment(s)</i> to its Articles of Incorporation:	orporation adopts the
A. If amending name, enter the new name of the corporation:	
N/A	•
The new name must be distinguishable and contain the word "corporation," "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Co". A professional corporation name must contain the word "chartered," association," or the abbreviation "P.A."	orp," "Inc," or
3306 SE ST Principal office address MUST BE A STREET ADDRESS	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) CAPE CEXAL,	- ANE EL 38904
D. If amending the registered agent and/or registered office address in Florida, enter new registered agent and/or the new registered office address:	the name of the
Name of New Registered Agent: DWID BELLER	
New Registered Office Address: (Florida street address)	
CARE COLAL (City)	Florida <u>3370</u> / (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept to position.	the obligations of the
Nonid Belle Signature of New Registered Agent, if change	

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>	<u>Name</u>	Address	Type of Action
<u>P</u>	DAVID BELLER	CAPE COLAI, FL 3590	Add Remove
VP_	SUZANNE BEZIER	3306 SF 5th AVE CHIE COLM, FL 33904	Add Remove
<u>-</u>	tony marth	3406 SE 5HAVE CARE CORAL, FL 33904	Add Remove
(attach a	additional sheets, if necessary). (Be spec	cific)	
	mendment provides for an exchange, re ons for implementing the amendment i		
(if r	not applicable, indicate N/A)	Bot contained in the amendment	iocii.
NA			
	* * * · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·			

The date of each amendment(s) a	doption: 4-6-09
Effective date if applicable:	more than 90 days after amendment file date)
(no	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ufficient 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	for the amendment(s) was/were sufficient for approval
by	ing group)
(vot	ing group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
action was not required.	opted by the meorporators without shareholder action and shareholder
selected,	rector, 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 and fiduciary by that fiduciary)
_	Typed or printed name of person signing)
	Presi DENT
	(Title of person signing)