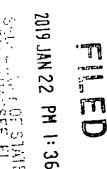
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(Re	equestor's Name)
(Ar	ddress)
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PICK-UP	WAIT MAIL
<b>(B</b> )	usiness Entity Name)
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C GOLDEN JAN 28 2019

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

, S

NAME OF CORPO	RATION: ALL ISLAND WA	TERSPORTS INC	
DOCUMENT NUM	BER: P07000073635		
The enclosed Articles	of Amendment and fee are st	ibmitted for filing.	
Please return all corro	spondence concerning this ma	uter to the following:	
	ITAMAR ISAKOV		
		Name of Contact Person	n
		Firm/ Company	
	13860 LUNA DRIVE		
	NAPLES FLORIDA 34109	Address	
	NAT CES PEORIDA 34109	City/ State and Zip Cod	· ·
ITAT	THEBOSS@GMAIL.COM		
	*	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
ITAMAR ISAKOV		at (_781	, 8447434
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	ing Address Indiment Section Identify Se		Iment Section on of Corporations

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

## FILED

ALL ISLAND WATERSPORTS, INC.

2019 JAN 22 PM 1: 36

Mile Identifo Williams Okto, Inc		
( <u>Name</u>	of Corporation as currentl	v filed with the Florida Dept. of State) - 12 f OF STATE
P07000073635		MALLAHASSEE, FL
	(Document Number o	Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
	nation "Corp," "Inc," or "	The new n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the P.A."
B. Enter new principal office address,	if applicable:	
(Principal office address MUST BE A S		
C. Enter new mailing address, if appl		
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u> )	
D. If any address the angles and a control		
D. If amending the registered agent ar new registered agent and/or the ne		
Name of New Registered Agent	ITAMAR ISAKOV	
Traine of Test Hegister carrigen	13860 LUNA DRIVE	
	(Florida str	vet address)
New Registered Office Address:	NAPLES	, Florida <sup>34109</sup>
HEN HEGING OUN CHINA CES		(City) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.		with and accept the obligations of the position,
, and a property of the second		,
<del></del>	/Re	
	Signature of New R	egistered Agent, if changing
fire.		

### 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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change	P	ERIC O'GILVIE	3534 HERITAGE LANE
Add			FORT MYERS FLORIDA 33908
Remove  2) Change	P	ITAMAR ISAKOV	13860 LUNA DRIVE
XX Add			NAPLES, FLORIDA 34109
Remove 3 ) Change			
Add			
Remove			
4) Change Add		_	
Remove			
5) Change		_	
Add Remove			
6) Change		_	
Add			
Remove			

conach adamonal she	ing additional Arti eets, if necessary).	(Be specific)	<del></del>		
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If an amendment provisions for imple	ovides for an exchi ementing the amer	ange, reclassifica idment if not cou	ition, or cancellal	<u>Hon of Issued shai</u> endment itself:	res,
(if not applicabl	le, indicate N/A)	Terrett in Hor Con		<u>enoment users.</u>	
	<del></del>				

JANUARY 16, 2019  The date of each amendment(s) adoption:, if other than the
date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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
(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.
JANUARY 16, 2019
Dated
Signature
(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)
ITAMAR ISAKOV
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)