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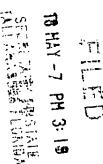
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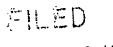
HMC) R. WHITE MAY 1 0 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: BONE ISLAND F	ISH MARKET, INC.	
DOCUMENT NUME			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	LUZ MARINA HERNANDI	EZ	
		Name of Contact Person	n
	ACCOUNTING & INCOME	E TAX SERVICES CORP	
		Firm/ Company	
	5532 SW 164TH PLACE	- same - ampranç	
		Address	`
	MIAMI, FL 33185		
		City/ State and Zip Cod	e
BON	EISLAND@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:at (922-3345
Name o	of Contact Person	at (Area Co	de & Davtime Telephone Number
	r the following amount made		
□ \$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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 phassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



18 HAY -7 PH 3: 19

BONE ISLAND FISH MARKET, INC.

(Name o	of Corporation as currently t	iled with the Florida	Dept. of State)	
P07000091314				
	(Document Number of C	orporation (if known)		
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this <i>Fl</i>	orida Profit Corporatio	on adopts the following ame	ndment(s)
a. If amending name, enter the new na	me of the corporation:			
			The	new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	o". A professional cor	corporated" or the abbrevi	iation
B. Enter new principal office address,				
Principal office address <u>MUST BE A S</u>	TREET ADDRESS)			
				
Enter new mailing address, if appli				
(Mailing address MAY BE A POST)	OFFICE BOX)			
. To	11	to IN state season the		
 If amending the registered agent an new registered agent and/or the nex 		s in Fiorida, enter inc	name of the	
Name of New Registered Agent	MOISES COLON			
Name of New Registered Agent	21055 SW 89 PL			
	(Florida stree	t address)		
New Registered Office Address:	CUTLER BAY		, Florida 33189	
	(C	ity)	, i fortda(Zip Code)	
New Registered Agent's Signature, if c hereby accept the appointment as regist		h and accept the obliga	ations of the position.	
	Signature of Nav. Dag	nistored Agent if chance	ina	
	Signature of New Reg	gistered Agent, if chang	ing	

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	RA	ONEIDA COLON	21055 SW 89 PL
Add			CUTLER BAY, FL 33189
X Remove			
2)Change			
Add			
Remove			
3) Change			
Add		•	
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate NA)	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
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provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
·	

The date of each amendment(s) date this document was signed.	adoption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	,,,
	(voting group)
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
MAY 2, Dated	
Signature	
(By a select	director, president or other officer - if directors or officers have not been sted, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	MOISES COLON
·	(Typed or printed name of person signing)
	REGISTERED AGENT
	(Title of person signing)