POTOCOILLOZIOZ

(Re	questor's Name)	
(Ad	dress)	
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(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Island Aire of Sou	thwest Florida, Inc.	
DOCUMENT NUM	P07000106262		
The enclosed Article	rs of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	Thomas Dryden		
		Name of Contact Person	1
	Thomas Dryden, PL		
		Firm/ Company	
	1705 Colonial Blvd. B-3		
		Address	
	Fort Myers, FL 33907		
		City/ State and Zip Code	<u>-</u>
	matthew@islandairefl.com		
	E-mail address: (to be us	sed for future annual report	notification)
	ion concerning this matter, pleas		227 2001
Thomas dryden	CC D	at (239	
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ai Di P.	ailing Address mendment Section vision of Corporations O. Box 6327 dlahassee, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

(Name of Comments of the state of	2022
(Name of Corporation as currently filed with	the Florida Dept. of State / 9 A 10
P07000106262	the Florida Dept. of State) 19 A 10: 35
(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pro</i> its Articles of Incorporation:	fit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporation," "company," o "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profession "chartered," "professional association," or the abbreviation "P.A."	or "incorporated" or the abbreviation "Corp.,"
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
). If amending the registered agent and/or registered office address in Flor	ida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent Name of New Registered Agent	
Name of New Registered Agent Name of New Registered Agent	
Name of New Registered Agent \(\int\) A	, Florida

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>P.L</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>	Address			
1) Change	P	Raymond C. Mehl	5580 Zip Drive			
Add X Remove			Fort Myers, FL 33905			
2) Change	P	Matthew D. Zimmerman	5580 Zip Drive			
X Add			Fort Myers, FL 33905			
Remove Change		-				
Add						
Remove		-				
4) Change						
Add						
Remove		-				
5) Change						
Add						
Remove		<u>-</u>				
6) Change						
Add						
Remove						

uaen <i>aaannonai sheets, y</i>	f necessary).	<mark>cles, enter c</mark> hai (Be specific)	and the same.			
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<u>in amendment provide</u>	s for an exch	ange, reclassifi	cation, or cand	ellation of issu	ed shares,	
<u>rovisions for implemen</u>	iting the amer	<u>rdment if not c</u>	ontained in the	<u>e amendment i</u>	tself:	
(if not applicable, ind	licate N/A)					
NIA			· <u> </u>			
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The date of each amendment(s) adoption:	, if other	than the
date this document was signed.		
Effective date <u>if applicable</u> :		
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of St	meet the applicable statutory filing requirements, this date will not be liste rate's records.	ed as the
Adoption of Amendment(s) (CHEC	CK ONE)	
☐ The amendment(s) was/were adopted by the incaction was not required.	corporators, or board of directors without shareholder action and shareholder	-
The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app	archolders. The number of votes cast for the amendment(s) proval.	
☐ The amendment(s) was/were approved by the s must be separately provided for each voting gr	hareholders through voting groups. The following statement roup entitled to vote separately on the amendment(s):	
"The number of votes east for the amenda	ment(s) was/were sufficient for approval	
by		
(voting	group)	
Dated 3/17/200	10	
(By a director, preside	ent or other officer – if directors or officers have not been orator – if in the hands of a receiver, trustee, or other court y that fiduciary)	
Mat	then Zimmerman	
(Ty	ped or printed name of person signing)	
Pres	5	
(Ti	tle of person signing)	