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(Ãc	ldress)	
(Ac	ddress)	·
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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name Charge



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	\wedge \rightarrow \rightarrow \rightarrow \rightarrow	Island Cy	icles Inc.
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
- - -	David Pine Isl 5261 Pine Bokeeli 1. Cycle E-mail address: (to be us	Name of Contact Person And DIC Firm/ Gompany Address City/ State and Zip Cod Sed for future annual report	Reles Inc. Rel 33922 reast. net
For further information	concerning this matter, pleas	se call.	
David	1 Axler	at (<u>23</u>	560-0320
Name 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)	□\$52 50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Maili	na Address	Street	Address

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2016 AUS -7 PM 2: 46

to

(Name of Corporation	n as currently	filed with the Flori	da Dept. of State)	TATE
Pine Island Cycles	ent Number of C	Corporation (if kinds)	900131	<u> 3809</u>
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this <i>F</i>	lorida Profit Corpor	vation adopts the fo	 llowing amendment(s)
A. If amending name, enter the new name of the con- Pine Ts/and Bi name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered." "professional association," or the designation.	CYC E Corporation, ""Inc." or "C	o". A professional		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	Ö.			
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		ss in Florida, enter	the name of the	
Name of New Registered Agent				
	(Florida stree	t address)		
New Registered Office Address:			, Florida	
	(0	City)		(Zīp Code)
New Registered Agent's Signature, if changing Regil I hereby accept the appointment as registered agent. I	stered Agent: am familiar wi	th and accept the ob	ligations of the pos	ition.
	Man Pa	rictored Agant of che	maina	

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add			-	
Remove				

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an amendment provides for an exchorovisions for implementing the ame	ange, reclassification	n, or cancellation	of issued shares, ment itself:	
(if not applicable, indicate N/A)	indirection for contact	ned in the antena	The state of the s	
•				
				 -
			. <u>.</u>	

The date of each amendment(s) adoption: S-4/5
The date of each amendment(s) adoption:
ASAP
Effective date if applicable:
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.
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 cast 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
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.
Dated $8-4-15$
Signature (By a director, president or other officer – if drectors 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)
David Axler
(Typed or printed name of person signing)
Oresident
(Title of person signing)