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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ISLAND MARKET AND CATERING INC.					
DOCUMENT NUMBER: P08000100423 The enclosed Articles of Amendment and fee are submitted for filing.					
	ANGELA REYNOSO				
	(Name of Contact Person)				
ISL	AND MARKET AND CATERING INC				
	(Firm/ Company)				
	324 CAPRI BLVD				
	(Address)				
	NAPLES, FL 34113 (City/ State and Zip Code)				
For further information concerning this					
ANGELA REYNOSO (Name of Contact Person)	at (239) 572-3047 (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following an	nount made payable to the Florida Department of State:				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2008 DEC 15 AM 10: 54

SECRETARY OF STATE ISLAND MARKET AND CATERING INTALLAHASSEE, BLORIDA (Name of Corporation as currently filed with the Florida Dept. of State) -P08000100423 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) Florida_ (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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
PRES	ANGELA TEDESCHI	324 CAPRI BLVD NAPLES, FL 34113	□ Add □ Remove
PRES	ANGELA REYNOSO	324 CAPRI BLVD NAPLES, FL 34113	Add Remove
			Add Remove
	iding or adding additional Articles, additional sheets, if necessary). (Be		
		,	
	mendment provides for an exchangions for implementing the amendm		
	not applicable, indicate N/A)	ent ii not contained in the amend	ment usen:
	-		
	· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption: 11/10/2008				
Eff	ffective date <u>if applicable</u> : 11/	10/2008		
		more than 90 days after amendment file date)		
Ad	doption 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	ting group)		
	(vo	ting group)		
	The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder		
	Dated /2 Signature(By a diselected	rector, president or other officer – it threctors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court		
	appoint	ed fiduciary by that fiduciary)		
	_	ANGELA REYNOSO		
		(Typed or printed name of person signing)		
		PRESIDENT		
	·	(Title of person signing)		