P09000065132

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECRETANY OF STATE

TARRE



COVER LETTER

TO: Amendment Section Division of Corporations

The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Islands Duo, Inc ORTHCORP PKWY EACH GARDENS, FL Islands duo @ aol · ccm

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Enclosed is a check for the following amount made payable to the Florida Department of State:

5 Filing Fee ☐ \$43.75 Filing Fee & □ \$43.75 Filing Fee &

Certificate of Status

Certified Copy (Additional copy is enclosed)

□ \$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

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

111/1 I Slands DW, Inc.
(Mame of Corporation as currently filed with the Florida Dept. of State)
P 090000 (65 13 d
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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: 4400 Northcorpt Kwy
(Principal office address MUST BE A STREET ADDRESS) Palm Black Gardens
Florida 33410
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Palm Blach Gardens
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: JOSE D. SOSA
New Registered Office Address: (Florida street address)
talm Beach Gardens Florida 33410 (Cin) (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

Page 1 of 3

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)

Title	Name	Address	Type of Action
<u> </u>	Keith Knplan	16 Tidewalr D1 Oaming Beach FC	Add Remove
			☐ Add ☐ Remove
E. If amending (attach additi	or adding additional Articles, enter fonal sheets, if necessary). (Be specif	change(s) here: ic)	
		-	

The date of each amendment(s) adoption:
(date of adoption is required)
Effective date if applicable: \(\gamma \alpha \sqrt{\gamma}\) \\ \gamma \gamma \gamma \gamma \gamma \gamma \qq \qquad \qq \qua
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated Noy 2, 2010 Signature
(By the chairman or vice chairman of the board, president or other officer-if directors
have not been selected, by an incorporator - if in the hands of a receiver, trustee, or
other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Title of person signing)

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