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| (Re | equestor's Name) | - · - · · · · · · · · · · · · · · · · · |
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| PICK-UP | ☐ WAIT | MAIL |
| (P) | usiness Entity Nar | |
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| Certified Copies | Certificates of Status | |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SEP 2 3 2010

EXAMINER

COVER LETTER

TO: Amendment Section

| Division of Corporations |
|--|
| NAME OF CORPORATION: FISH LIPS OF Florida Key |
| DOCUMENT NUMBER: \$100000 27598 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| ANDREX LYN AYres Name of Contact Person |
| FISH LIPS Florida Keys INC |
| 1121 WHitchead STreet |
| Key west, F1 33050 |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: ANDLEA AUVES at (305) 509-2866 |
| Name of Contact Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| \$35 Filing Fee Securificate of Status Status Status Status Status Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certified Copy (Additional Copy is enclosed) |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |

Articles of Amendment

Articles of Incorporation

| FISH LIPS F. | 10rida | KeYS IN | C. |
|--|---|-----------------------------|--|
| (Name of Corporation as currently fi | led with the Florids | Dept. of State) | |
| P100000 | 27598 | 3 | |
| (Document Number of | | | |
| Pursuant to the provisions of section 607.1006, Flor amendment(s) to its Articles of Incorporation: | ida Statutes, this Flo | orida Profit Corporation | adopts the following |
| A. If amending name, enter the new name of the co | orporation: | | |
| | | | The new |
| name must be distinguishable and contain the wo abbreviation "Corp.," "Inc.," or Co.," or the design name must contain the word "chartered," "profession | nation "Corp," "Inc, | " or "Co". A profession | orated" or the nal corporation |
| D. Entenness principal office address if applicable | 1121 | WHITEhen | N 5T. |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADL | DRESS) Key | WHITE hea WEST FI | 33040 |
| | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | 1/21 Key 1 | WhitEhea Nest Fl | .d sT 33040 |
| D. If amending the registered agent and/or register new registered agent and/or the new registered | | Florida, enter the name | of the |
| Name of New Registered Agent: | | | |
| | | | |
| New Registered Office Address: | (Florida street ac | ddress) | |
| | (| | |
| | (City) | , Florida (Zip Code) | |
| | | (=# 5000) | |
| New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent. | | nd accept the obligations o | of the position 🚊 |
| Thereby accept the appointment at registered agent. | 1 ann jan 11 an | a accept the conganona | |
| Signatus | re of New Registered | Agent, if changing | ON OF |
| | | | 250 250 250 250 250 250 250 250 250 250 |
| | Page 1 of 3 | | SEP 23 PH 2: 03 |

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)

| Dir. ANDREA LYN Ayres IZI WHITE HEACH | Dir. ANDREALYN Ayres IZI WHITE head | Dir. ANDREA LYN AYRS 1121 WEY | HITEHEACH Remove Add Remove Add Remove |
|--|--|--|--|
| | | . If amending or adding additional Articles, enter change(s) her | Remove Add Remove |
| . If amending or adding additional Articles, enter change(s) here: | . If amending or adding additional Articles, enter change(s) here: | . If amending or adding additional Articles, enter change(s) her | ☐ Remove |
| | | | <u>.</u> |
| | | | |
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| | | | |
| 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 N/A) TAMES A HYPES IV SIGNED OVER | | CharES and Pres. an | |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) TAMES D. AYRESIV SIGNED OVER THATES AND Pres. AND DIVECTOR T | marEs and Pres. and Director t | TO ANDREA LYM. A | a Director |

| The date of each amendment(| s) adoption: 9-18-2010 |
|---|---|
| Effective date if applicable: | 9-18-2010 (no more than 90 days after amendment file date) |
| <u> uppitugo.</u> . | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/wer by the shareholders was/we | e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval. |
| | e 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 of | ast for the amendment(s) was/were sufficient for approval |
| by | (voting group) |
| | (voting group) |
| The amendment(s) was/were action was not required. | e adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/wer action was not required. | e adopted by the incorporators without shareholder action and shareholder |
| Dated | 1-18-2010 |
| selec | adirector, 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) |
| | ANDREA LYN Ayres (Typed or printed name of person signing) |
| | PRE SECIETARY, TRES |
| | (Title of person signing) |