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NOV 1 7 2016 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Sun Sail Cabana Ir	ic.	
DOCUMENT NUMI	D11000059900		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Charles Crimi		
		Name of Contact Person	1
	Sun Sail Cabana Inc.	•	
		Firm/ Company	
	718 SW 18th Street	Time Company	
		Address	
	Boynton Beach, FL 33426		
		City/ State and Zip Cod	e
sunsa	il4you@aol.com		
		sed for future annual report	notification)
For further information	n concerning this matter, pleas		
Charles Crimi		at (<u>561</u>	234-9221
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r 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)
Ame Divi P.O.	lling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Sun Sail Cabana Inc.				
(Name of C	Corporation as currently	filed with the Florida Dep	t. of State)	
111000038809	(Da.,	C(: (:61)	· · · · · · · · · · · · · · · · · · ·	
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this F	lorida Profit Corporation a	dopts the following amend	ment(s)
A. If amending name, enter the new name	of the corporation:			
			The n	ew
name must be distinguishable and contain			orated" or the abbneviat	- *
"Corp.," "Inc.," or Co.," or the designation			ation name must confidin	坚
word "chartered," "professional association	n," or the abbreviation "F	'.A. "	至鱼	2
B. Enter new principal office address, if a	nnlicable:	N/A	S.E.	
(Principal office address MUST BE A STR			<u> </u>	
	,		mo	곡
			S	
			<u>SS</u>	- Y:E
C F	. •		<u>ā</u> m	314
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF		N/A		
(maning university MAT BE AT OST OF	FICE BUX)	· · · · · · · · · · · · · · · · · · ·		
			······································	_
D. If amending the registered agent and/o new registered agent and/or the new re		ss in Florida, enter the nar	ne of the	
Name of New Registered Agent	/A			
				
			 	
	(Florida stree	et address)		
New Registered Office Address: N/	'A		, Florida	
New Registereu Office nuaress.	(City)	(Zip Code)	_
	,			
N 70 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
New Registered Agent's Signature, if chan I hereby accept the appointment as registere		th and accent the obligation	ia af tha magitian	
increas accept the appointment as registere	а адет 1 ат јатиаг wi	in and accept the obligation	s of the position.	
	Signature of New Re	gistered 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)

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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>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	CEO	Marie Crimi	1112 SW 15th Street
Add			Boynton Beach, FL
X Remove			33426
2) Change	P/CEO	Charles Crimi	718 SW 18th Street
X Add			Boynton Beach, FL
Remove			33426
3) Change			
Add			
Remove			
4) Change	***************************************		
Add			
Remove			
5) Change			
Add			
		•	
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
F. 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) N/A
· · · · · · · · · · · · · · · · · · ·

	November 14, 2016	
The date of each amendment(s) adop date this document was signed.	tion:	, if other than the
Decemb	er 1, 2016	
Effective date if applicable:	(no more than 90 days after	amendment file date)
Note: If the date inserted in this bloc document's effective date on the Depar		ry filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopte by the shareholders was/were suffice		votes cast for the amendment(s)
☐ The amendment(s) was/were approviate the separately provided for each	ed by the shareholders through voting g	
"The number of votes cast for	the amendment(s) was/were sufficient t	for approval
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without shar	reholder action and shareholder
The amendment(s) was/were adopte action was not required.	d by the incorporators without sharehol	der action and shareholder
November 14, Dated	2016	
Signature	arles Crimi	
	tor, president or other officer - if direct	
	y an incorporator — if in the hands of a fiduciary by that fiduciary)	receiver, trustee, or other court
Ch	arles Crimi	
	(Typed or printed name of pers	on signing)
Ch	ief Financial Officer	
	(Title of person sig	ming)