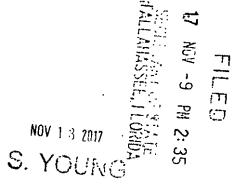


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COVERLETTER TO: Amendment Section Division of Corporations sland Enterprise Corp. Dream_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 230-3060 754 202 - 7950 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & Certified Copy □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status (Additional copy Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

	of 1
Dream Island Ente	
	currently filed with the Florida Dept. of State)
P11000088136	
(Document Nu	Sumber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	utes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	ation:
N/A	The new
name must be distinguishable and contain the word "cor". "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc word "chartered," "professional association," or the abbrev	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	s) NA
(<u></u>	
	2 5 m
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N/A P
	8 3 3 3 3 S
	T-W 5
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office a	
Name of New Registered Agent	
- GET	lorida stre et add ress)
New Registered Office Address:	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	d Agent:
Thereby accept the appointment as registered agent. I amju	III.
N/F	A
Signature of	of New Registered Agent, if changing
	Page 1 of 4

					i	
address of each Officer (Attach additional sheets, Please note the officer/dit P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones lead Mike Jones, V as Remove Example:	and/or D if necess rector titl President = Chief I r, Directo in the for wes the co , and Sala	irector bary) e by the fi T = Trece inancial or would ballowing m orporation by Smith, S	eing added: Itst letter of the of, Issurer; S= Secret Officer. If an off Issurer. Currently In, Sally Smith is n SV as an Add.	fice title: ary: D= L ficer/direct	Director; TR= Tr or holds more th	director being removed and title, name, and sustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Do	_		1	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>			
<u>X</u> Add	<u>SV</u>	Sally Sn	<u>1ith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			<u>Addres</u> s
1) Change	Trust	<u>e</u> e	LUCITO		llenne	4981 N. State Ad 7
Add)	,],], 	Tamarac FL 33319
Remove					, , ,	
2) Change	P	_	ASELEY	ΕŢ	ENNEA	VRILIEN
X Add						7000 2112 01 4 214
Remove						7958 PINES Blud #34
3) Change				<u> </u>	<u> </u>	Pembroke Pines, FL 33024
Add						
Remove						
4) Change		-				
Add						
Remove						
5) Change		_				<u> </u>
Add						
Remove						
6) Change		_				
Add						
Remove				*		
			Pag	ge 2 of 4		

E. If amending or adding additional Articles, enter change(s) h (Attach additional sheets, if necessary). (Be specific)	1 <u>6re: </u> 1111
151/5	
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F. If an amendment provides for an exchange, reclassification, provisions for implementing the amendment if not contains	or cancellation of issued shares,
provisions for implementing the amendment if not contain	ed in the amendment itself:
(if not applicable, indicate N/A)	
	1 1100:11
1 1 1 1	1 1100 1
	1 1111:11
-	
	1 111111111
n	

The date of each amendment(s) adoption:, if other than the	10
date this document was signed.	ıc
Effective date if applicable: (no more than 90 days after amendment file date)	
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!	10
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 spfficient for approval	
by (voting group)	
1 1148:11	
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 11/07/2017	
Signature (By a director, president or other officer Hif directors or officers have not been	
(By a director, president or other officer + if directors 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)	
ASELEY ETTENNEAVRILLEN	
(Typed or printed name of person signing)	
Preside	
(Title of person signing)	
Page 4 of 4	