P130000 44820

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14 JUL 28 AM II: 34

AUG 0 7 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

•				
NAME OF CORPORATION: TREASU	RE ISLAND TRIMMERS INC			
DOCUMENT NUMBER: P1300004	4820			
The enclosed Articles of Amendment and fee ar				
Please return all correspondence concerning this	matter to the following:			
	-			
PATRICIA A				
TREASURE	Name of Contact Person ISLAND TRIMMERS INC			
	Firm/ Company			
PO BOX 217	,			
	Address			
EASTPOINT	, FLORIDA 32328			
	City/ State and Zip Code			
kimbentlie@yah	noo.com			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, p	please call:			
PATRICIA ALRED	at (850) 370-0568			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:			
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	-			
Mailing Address	Street Address			
Amendment Section Division of Corporations	Amendment Section Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

TREASURE ISLAND TRIMMERS INC

14 JUL 28 AM II: 34

(Name of Corporation as currently filed with the Florida Dept. of State) [15] P13000044820 (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: N/A 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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 (Florida street address) New Registered Office Address: Florida 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)

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.

Example: X Change	PT	John D	<u>oe</u>		
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally S	<u>mith</u>		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
1) Change	V		MELVIN W. WARD	6901 BLOSSOM HILL RD	
Add				WEWAHITCHKA, FL	
Remove				32465	
2) Change	S		RUSTY E. WARD	280 N KIM AVENUE	
Add		_		WEWAHITCHKA, FL	
Remove				32465	
3) Change	Т		TIMOTHY T. WELLS	PO BOX 217	
Add				EASTPOINT, FL	
Remove				32328	
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

E. If amending or adding additional Articles, enter ch (Attach additional sheets, if necessary). (Be specific,	ange(s) here:
	<i>)</i>
N/A	
	
	<u>-</u>
	
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F. If an amendment provides for an exchange, reclass provisions for implementing the amendment if no	Mication, or cancellation of issued snares,
(if not applicable, indicate N/A)	contained in the amenanem viscon
N/A	
· · ·	

The date of each amendment date this document was signed	t(s) adoption: 05/01/2014	, if other than the
· ·	 05/01/2014	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	,11 .*	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_05/0	01/2014	
Dated	Detroit a Charle	
Si	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	PATRICIA ALRED	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	