P130006657-30

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SEP 1 4 2015 C. CARROTHERS

COVER LETTER

TO:	Amendment Section				
	Division of Corporations				

NAME OF CORPORATION: Jupiter	Tsland Management Inc
DOCUMENT NUMBER: P1300	0065130
The enclosed Articles of Amendment and fee are sul	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Christine Jupiter J 11930 SE Hobe Sour	Name of Contact Person Sland Management Firm/ Company Shell Ave Address
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, pleas	e call:
Name of Contact Person Enclosed is a check for the following amount made p	at (772) 932-7507 Area Code & Daytime Telephone Number bayable to the Florida Department of State:
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section
Division of Compretions	Division of Comparations

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

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Jupiter Island Manager	
(Name of Corporation as currently f	filed with the Florida Dept. of State)
P 13000065130 (Document Number of C	Corneration (if known)
·	• •
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatis</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co	
word "chartered," "professional association," or the abbreviation "P.	
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	NIA SE
	Proprie
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	N/A
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent N A	
(Florida street	address)
New Registered Office Address: NIA	. Florida
	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
NIA	
Signature of New Reg	ristered 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	<u>PT</u> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
_X Add	<u>SV</u> <u>Sally</u>	· Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove	C <u>omptro</u> ller	Maryann Brody	11930 SE Shell Ave Hobe Sound, FL 33455
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add Remove			
5) Change Add			
Remove 6) Change Add Remove			

•	s, if necessary).	(Be specific)				
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n amendment prov	rides for an exchai	nge, reclassific	ation, or canc	ellation of issue	ed shares.	
<u>ovisions for implen</u>	<u>penting the amend</u>	lment if not co	ntained in the	amendment it	self:	
(if not applicable,	indicate N/A)			- "		
	·					
		ALA				
						···

The date of each amendment(s) adoption:late this document was signed.	, if other than the
Effective date if applicable: September 1,2010 (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 document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendme by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stat must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated September 1,2016 Signature Muchu V	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
Vice President (Title of person signing)	