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|---|----------|
| (Requestor's Name) | |
| (Address) | |
| (Address) | <u> </u> |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT | MAIL |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
| | |
| | |
| | |

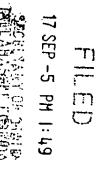
Office Use Only



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09/08/17--01003--015 **43.75

SEP 07 2017 R. Lywile



COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|--|---|--|
| NAME OF CORPORATION: Florid DOCUMENT NUMBER: P15000 | Keys Bont Rentals of Islamora | |
| DOCUMENT NUMBER: 11500 | 3073200 | |
| The enclosed Articles of Amendment and fee are s | ubmitted for filing. | |
| Please return all correspondence concerning this m | | |
| John | Simons | |
| Flor. Du Ker | Simons Name of Contact Person Sof Rentals of Islamorada Firm/Company 1588 Address Oa F1 33036 City/State and Zip Code 9 C C S. Com seed for future annual report notification) | |
| P.O. Box | Firm/Company 1583 | |
| Islamoro | Address 0a F1 33036 | |
| | City/ State and Zip Code | |
| JFS | 9 e cs. com | |
| E-mail address: (to be i | ised for future annual report notification) | |
| For further information concerning this matter, ples | se call: | |
| John Simons | at (305) 240 - 0065 Area Code & Daytime Telephone Number | |
| 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 & Certificate of Status | S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) | |
| Mailing Address | Street Address | |
| Amendment Section | Amendment Section | |
| Division of Corporations | Division of Corporations | |
| P.O. Box 6327 | Clifton Building | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle | |

Tallahassee, FL 32301

Articles of Amendment

| | Articles of Incorporation |
|--|---|
| Florida Keys | Boat Rentals of SEP Is sharmsonada |
| (Name of Corpo | mation as currently filed with the Florida Dept. of State) (明 外部版 TATEL AHASREE FISHINA |
| | TNOTE ART SEE FEBRUA |
| (Do | cument Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation: | prida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to |
| A. If amending name, enter the new name of th | e corporation: |
| | The new |
| | word "corporation," "company," or "incorporated" or the abbreviation orp," "Inc," or "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applica | |
| (Principal office address MUST BE A STREET A | ADDRESS) |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | P.O. Box 1588 Islamorada, Fl 33036 |
| D. If amending the registered agent and/or reginew registered agent and/or the new register | istered office address in Florida, enter the name of the red office address: |
| Name of New Registered Agent | hn Simons |
| 775 | Stamorada Florida 33036 |
| New Registered Office Address: | (City) (Zip Code) |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen | Registered Agent: nt. I am familiar with and accept the obligations of the position. |
| | L Sai |
| S | Signature of New Registered Agent, if changing |

| Executive Officer: CF held. President. Treas. Changes should be no a change, Mike Jones Mike Jones. V as Remo | ce President O = Chief I urer, Directo ted in the foo leaves the co | : T= Treasurer: inancial Officer or would be PTD llowing manner! orporation, Sally | S= Secretary; D= Director; TR= Tender of the secretary; If an officer/director holds more constructed as the constitution of the V and S. These | Frustee: 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, |
|---|---|--|---|--|
| Example: 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) | <u>Title</u> | <u>Name</u> | | <u>Addres</u> s |
| I)Change |), <u>s</u> | <u> </u> | rabeth McCadie | 77522 Overseas Huy IslamoraDa, Fl |
| Add Remove | | | | <u>Islamorada</u> , Fl <u>33036</u> |
| 2) Change ~ | D <u>, T</u> | Bri | an McCardie | 77522 Overseas Huy Islamoracla F 13303 |
| Add Remove | | | | <u> </u> |
| 3) Change | | | | |
| Add | | | 1 | |
| 4) Change | - ·· | | | |
| Add | | : | | |
| | | | | |
| 5) Change | | | | |
| Add Remove | | | 1 | |
| 6) Change | | | 1 | |
| Add | | | | |
| Remove | | | | |

Page 2 of 4

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)

| The date of each amendment(s) adoption: | if other than the |
|--|---|
| date this document was signed. | |
| Effective date if applicable: | no more than 90 days after amendment file date) |
| | |
| Note: If the date inserted in this block does not document's effective date on the Department of St | meet the applicable statutory filing requirements, this date will not be listed as the area records. |
| Adoption of Amendment(s) (CHE) | EK ONE) |
| The amendment(s) was/were adopted by the shareholders was/were sufficient for app | areholders. The number of votes cast for the amendment(s) proval. |
| | hareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s): |
| "The number of votes cast for the amenda | nent(s) was/were sufficient for approval |
| by | g group) |
| (voun | g group) |
| ☐ The amendment(s) was/were adopted by the bo action was not required. | ard of directors without shareholder action and shareholder |
| The amendment(s) was/were adopted by the incaction was not required. | corporators without shareholder action and shareholder |
| Dated | |
| Signature | 8 |
| (By a director, preside selected, by arkincorp appointed fiduciary b | or other officer – if directors or officers have not been orator – if in the hands of a receiver, trustee, or other court that fiduciary) |
| ••• | n Simons |
| | ped or printed name of person signing) |
| Presi | Den t |
| | (Title of person signing) |
| | |
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