

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H15000221182 3)))



H150002211823ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone : (561)694-8107

Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN GOLDEN ISLES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

SEP 15 2015

C LEWIS

Articles of Amendment

15 SEP 14 AH 9: 28

to Articles of Incorporation

	of				
OLDEN ISLES, INC.					
(Name of Corneration	as currently fil	ed with the Florida	Dept. of State)		
15000074490					
(Documen	t Number of Co	rporation (if known))		
ursuant to the provisions of section 607.1006, Florida St S Articles of Incorporation:	tatutes, this Flor	rida Profit Corporat	tion adopts the follo	wing amendment((s) to
. If amending name, enter the new name of the corp	oration:				
				The new	
ame must be distinguishable and contain the word 'Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc," or "Co"	". A professional c	ncorporated" or th orporation name m	e abbreviation ust contain the	
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	<u>ess</u>) –				
	_				
			,—		
Enter new mailing address, if applicable:					,
(Mailing address MAY BE A POST OFFICE BOX)	-				`.
	-				
	_				
. If amending the registered agent and/or registered	i office address	in Florida, enter ti	he name of the		
new registered agent and/or the new registered of					
Name of New Registered Agent				<u> </u>	
	(Florida street a	address)			
New Registered Office Address:			, Florida		
	(Cit	(y)	(Zip Code)	
New Registered Agent's Signature, if changing Regist					
hereby accept the appointment as registered agent. I a	ım familiar with	and accept the obli	gations of the positi	on.	
Signati	ure of New Real	stered Agent, if char	nging		

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:

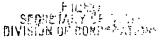
P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would 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	¥	Mike I	ones	
X Add	SY	Sally S	<u>mith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	D		Daniel Leon	490 SAWGRASS CORPORATE PKWY STE 200
X Add				SUNRISE, FL 33325
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		:
Add				
Remove				
4) Change	 	_		
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	ns, if necessary). (E	re aperdic)			
					
					<u> </u>
				**	

· · · · · · · · · · · · · · · · · · ·	**				
				······································	
		· · · · · · · · · · · · · · · · · · ·			
		. <u></u>			
				· · · · · · · · · · · · · · · · · · ·	
amendment pro	ovides for an exchan menting the amend:	ge, reclassification	n, or cancellation	of issued shares, ment itself:	
(if not applicable	z, indicate N/A)				
					<u></u>
			· · · · · · · · · · · · · · · · · · ·		



Who does - Facable amount described	doubles 15 SEP 14 AM 9: 28	if other than the
The date of each amendment(s) a date this document was signed.	дорцов:	is other than the
Effective date <u>if applicable</u> :		_
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not epartment of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	n	
	(voting group)	
The amendment(s) was/were ad action was not required.	lopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	lopted by the incorporators without shareholder action and shareholder	
9/14/2015 Dated	West /	,
(Ву а	director, president or other officer - if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court med fiduciary by that fiduciary)	
.,,,	Attorney-in-Fact	
	(Typed or printed name of person signing)	
	Tim Prats	
	(Title of neman siming)	