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## COVER LETTER

NAME OF CORPORATION:  $\_$ DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company YACHT HARBOR DRENE, UNZT COAS:T FC 32137 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: BRAS HUFFSTETLER at 386, 931-3143
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 & **□\$**43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations P.O. Bux 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 19 SEP 30 PM 4: 31

## Articles of Amendment

to

Articles of Incorporation

	rently filed with the Florida Dept, of State)	
\$150,000,9773	32	
	per of Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, s Articles of Incorporation:	this Florida Profit Corporation adopts the following amen	rdment(s
If amending name, enter the new name of the corporation	<u>ı:</u>	
	The	new
nne must be distinguishable and contain the word "corpor Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," ord "chartered," "professional association," or the abbreviati	or "Co". A professional corporation name must contain	ition i the
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS )		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		_
		_
If amending the registered agent and/or registered office new registered agent and/or the new registered office add		
Name of New Registered Agent		
		S
(Florid	da street address)	<del></del>
New Registered Office Address:	, Florida	_30 _
	(Cuy) (Zip Code)	
		£.
	gent:	ယ
ew Registered Agent's Signature, if changing Registered Ag		
lew Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am famil	liar with and accept the obligations of the position.	
ew Registered Agent's Signature, if changing Registered Agene hereby accept the appointment as registered agent. I am familiant	liur with and accept the obligations of the position.	
ew Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am famili	liur with and accept the obligations of the position.	

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 = ChiefExecutive Officer: CEO = 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.

X Change	<u>PT</u> John	n Doc	
X Remove	<u>V</u> <u>Mik</u>	se Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	PRIN	SHAME BONNER	13 CEDARFLEUD CT
Add			13 CEDARFLEUN CT PALM GAST, FL 32137
X Remove			
2) Change			
Add			
Remove			
3) Change		~	
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5) Change		Page 1	
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Remove			
6) Change			
Add			
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tach additional sheets, if necessary).	(Re specific)			
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an amendment provides for an exch				ires,
rovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not con	tained in the an	endment itself:	
FECTIVE VIVIA	ALL I	SC:16D S	HAMES 2	E THE
on power 12010 HE	rp by	SHAME	11/10	
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DRPORATZON HE BREBY TRANSFER HEREFERE, BRH	D ALFFS	TETLE OR	WRLL	BE THE
, A	~cn ~c.	-r 46	CORPORA	7 ZerN.
50% SHAREHOLT	~ OF	٠ ١٠٤	C . 1 - 11 - 1	

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable: O\(\left(\o\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date widocument's effective date on the Department of State's records.	If not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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 sufficient for approval	
by	
☐ 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	
The state of the s	
Signature  (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)	
BRAD HYFSTETLER	
(Typed or printed name of person signing)	
POINCIPA: (Title of person signing)	· · · · · · · · · · · · · · · · · · ·
(Title of person signing)	