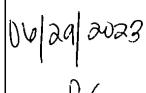
P160000403/3

(Requestor's Name)
(Address)
(Address)
(City/State (7 in/Oh and 46)
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR		ng Inc.	
DOCUMENT NUME	P16000040313 BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Daniel Jolitz		
		Name of Contact Person	n .
	713 Jamaica Cir W	Firm/ Company	
	Apollo Beach, FL33572	Address	
	100	City/ State and Zip Code	C
	speargulf@yahoo.com		
	E-mail address; (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Daniel Jolitz		813 at (541-6571
Name o	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment

	of	
AMI Family Fishing Inc.	of	
P16000040313	ntly filed with the Florida Dept. of State)	
(Document Numbe	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	nis Florida Profit Corporation adopts the follo	wing amendment(s) to
A. <u>If amending name, enter the new name of the corporation:</u> Island Way Excursions Inc.		m)
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.: B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	A professional corporation name must con	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	23 APR 2
D. If amending the registered agent and/or registered office as new registered agent and/or the new registered office address N/A Name of New Registered Agent		n M 3: 41
(Florida New Registered Office Address:	street address), Florida	
	(Ciţy)	Lip Code)

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

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
_X Add	<u>sv</u>	<u>Sally Sr</u>	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Pamova				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) N/A			
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<u> </u>	·		
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		·····	
		·	
E. If an amondment are idea for an and			
 If an amendment provides for an exclusions for implementing the amendment 	nange, rectassurcation, or c endment if not contained in	the amendment itself:	
(if not applicable, indicate N/A) N/A			
		·	

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The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file	e date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing require partment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoption was not required.	oted by the incorporators, or board of directors without s	hareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the ficient for approval.	he amendment(s)
	oved by the shareholders through voting groups. The foreach voting group entitled to vote separately on the amer	**
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	17/23 fai fait	
(By a die	ector president opother officer - if directors or officers	
selected	by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	e, or other court
	Daniel Jolitz	
-	(Typed or printed name of person signing)	
I	resident	
-	(Title of person signing)	