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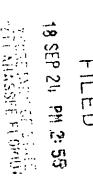
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## COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: Crab Island Company of Dam Indocument number: P18000019092
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
Heather Thomas  Name of Contact Person
4041 Malian Bayou W
Deshin FL 32541  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Heather MoMas at 850, 543-1321  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  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  (Additional Copy is enclosed)  Certificate of Status  Certificate Opy  is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

Articles of Incorp	poration
Crab Island Com	pany of Dolin Inc
(Name of Corporation as currently fi	iled with the Florida Dept. of State)
17800001909	<u>d</u>
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	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.2	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	(1) (2.3) (2.6) (2.3)
(Principal office address MUST BE A STREET ADDRESS )	-c 8
	<u> </u>
	SSE 2 [
	7 P
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	= F.G. N
(matting dutiess mistern, a coart of the book)	- 第第 <b>切</b>
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
new registered agent and/or the new registered office address.	
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address:	, Florida
	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Signature of New Rev.	istered 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 us an Add.

Example: X Change	<u>PT</u>	John De	<u>oe</u>				
X Remove	<u>v</u>	Mike Je	<u>ones</u>				
X Add	<u>sv</u>	Sally Si	mith				
Type of Action	Title		Name		Address		
(Check One)  1) K Change	9	_	Headher	Thomas	4041	Indian	Bayou N
Add					Dechy	FL 30	1541)
Remove							-
2) Change Add		_	Christoph	ter Thomas	1041 Deshin		Bayou M 2541
Remove							_
3 ) Change		_					<del>-</del>
Add							_
Remove						· · · · · · · · · · · · · · · · · · ·	_
4) Change		_		<del> </del>			_
Add							_
Remove							_
5) Change		_					_
Add					<del></del>	<del></del>	<del>.</del>
Remove						·	_
6) Change		_					-
Add							<del>-</del>
Remove							

TABLET HARBON	adding additional Artical sheets, if necessary).	(Be specific)			
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If an amendme	nt provides for an evch	ange reclassificati	on or cancellation	of issued shares	
provisions for	implementing the amer	ndment if not cont	ained in the amend	ment itself:	
(if not app	licable, indicate N/A)				
		-			-

The date of each amendment(s) adoption:
Effective date if applicable:
(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 date will not be listed as the document's effective date on the Department of State's records.
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 east 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
Dated  Dated  O Dated
Heather Thomas
(Typed or printed name of person signing)
Tresident Crab Island (brygany of Destit