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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: JEA SUNNY ISLI	ES CORP		
	IBER: P20000011344			
	s of Amendment and fee are su	bmitted for filir	g.	
Please return all corr	espondence concerning this ma	tter to the follow	ving:	
	EDGAR PADRON			
	,•	Name of Co.	ntact Persor	1
	JEA SUNNY ISLES CORP			
		Firm/ Co	ompany	
	2801 SW 129 AVENUE		, ,	
	-	Add	ress	
	MIRAMAR, FL 33027			
		City/ State a	nd Zip Code	2
		00000001	·	
	CONTACT@WHITEBAYFO E-mail address: (to be us			
For further informati	on concerning this matter, pleas		⁷ 86	683-6670
Name	at {_	Area Cod) 683-6670 de & Daytime Telephone Number	
	for the following amount made	payable to the F		•
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fili Certified C (Additional enclosed)	opy	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327			Amend Divisio	Address ment Section n of Corporations entre of Tallahassee
Tai	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

JEA SUNNY ISLES CORP

2022 AUG -9 PM 12: 06

to

(<u>Name</u>	of Corporation as current	ly filed with the Florida De	pt. of State) UKETARY
P20000011344			pt. of State) UNETARY UND TALL AHASSEE, FI
	· · · · · · · · · · · · · · · · · · ·	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, this	Florida Profit Corporation	adopts the following amendment(s
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "("chartered," "professional association,	Corp, " "Inc," or " $C\sigma$ "	4 professional corporation	" or the abbreviation "Corp.,"
B. Enter new principal office address,	if annlicable:	N/A	
(Principal office address MUST BE A S			
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>		N/A	
			<u> </u>
			
D. If amending the registered agent at	nd/or registered office add	ress in Florida, enter the n	ame of the
new registered agent and/or the ne			
Name of New Registered Agent	N/A		
Think by the Megistered Agent		- ··	
	(L'Innida at	reet address)	
	N/A	ver addressy	N/A
New Registered Office Address:			, Florida(Zip Code)
		(City)	(Zip Code)
New Registered Agent's Signature, if o	hanging Registered Agent	•	
I hereby accept the appointment as regis			ons of the position.
			
	Signature of New R	legistered 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: XChange	PT	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	AMOROSI, JUAN A	6701 NW 111 AVE
Add			DORAL, FL 33178
X Remove			
2) Change			
Add			
Remove 3.) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
1: 16	
	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) adoption:		, if oth	er than the
	5/10/2022			
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)			
	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	e will n	ot be l	isted as the
Adoption of Amendment(s)	(CHECK ONE)			
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action	n and sl	narchol	lder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) te sufficient for approval.)		
must be separately provided	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s): ast for the amendment(s) was/were sufficient for approval (voting group)	SLOBERS S	2022 AUG -9 PM 12: 06	
6/10/20 Dated	22		90 :	
Signature <u></u>	Topla Mom			
sele	a director, president or other officer – if directors or officers have not been beted, by an incorporator – if in the hands of a receiver, trustee, or other court officed fiduciary by that fiduciary)			
	EDGAR J PADRON-RASINES			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			