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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	B3388883883				
The enclosed Articl	les of Amendment and fee are su	bmitted for filing.			
Please return all cor	rrespondence concerning this ma	tter to the following:			
	Fuksy 8livsf				
		Name of Contact Person	1		
		Firm/ Company			
	301 s sopoland avo	Address			
	Everglades sity florida 34139	City/ State and Zip Code	e	SECRET TALLAHA	3 277
	E-mail address: (to be us	sed for future annual report	notification)	DEC = 1 RETARY AHASSET	
For further informa	tion concerning this matter, pleas	se call:		.338 10 AR	្ន កោ
Filksy 8livsr		813 at (488=1317	DE STATE	
Nan	ne of Contact Person	Area Co	de & Daytime Telephone Nu.	mber 2 m	ar.
Enclosed is a check	for the following amount made	payable to the Florida Dep:	artment of State:		
S35 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

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

of	
(Name of Corporation as currently filed with	the Florida Dept. of State)
(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pro</i> its Articles of Incorporation:	ofit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: Gales Island Estb	TI.
name must be distinguishable and contain the word "corporation," "company," o "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A profession "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRE TAULAT
D. If amending the registered agent and/or registered office address in Flor new registered agent and/or the new registered office address:	
Name of New Registered Agent	OF STATE
(Florida street address)	-
New Registered Office Address: (City)	, Florida (Zip 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 second control of the se	cept the obligations of the position.

Signature of New Registered 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 as an Add.

Example:

Add

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change		<u> </u>	23 DEC SEURE TALLAH
Add			32
Remove			SEE S
4) Change			FLARIB STATE STATE
Add			20 5
Remove			
5) Change			
Add			
Remove			
6) Change			

E.	If amending or adding additional Arti	cles, enter change(s) here:	
	(Attach additional sheets, if necessary).	(Be specific)	
		-	
			
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			TAI SI
F.	If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	ည္ ယ
	provisions for implementing the ame	ndment if not contained in the amendment itself:	CRET CAHA
	(if not applicable, indicate N/A)		**************************************
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12/01/2023 12/	
(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 liste 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 incorporators, or board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the shareholders. The number of votes cast 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	i as the
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(voting group) 12/01/2023 12/01/2023 Dated Signature	
12/01/2023 12/01/2023 Dated	
DatedSignature	
Signature Signature Association Signature Signature	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Tukey Oliver Tukey Oliver	
(Typed or printed name of person signing)	
CEO CEO TAS 2	
(Title of person signing)	T
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