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SECRETARY OF STATE

JUN 2 7 2018 S. YOUNG

## COVER LETTER

TO: Amendment Section Division of Corporations

Tallahussee, FL 32314

NAME OF CORPOR	ISLAND WINGS	INC		
DOCUMENT NUMB	P97000024943 ER:		······································	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	RAUL M SAENZ			
•	SAENZ & ASSOCIATES CI	Name of Contact Person 'A'S P.A.	1	
	6405 NW 36 STREET SUIT	Firm/ Company E 116		
	MIAMI FL 33166	Address		
•		City/ State and Zip Code		
RAUI	SAENZ@CPASCONSULT	ANTS.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
RAUL M SAENZ		305	796-9600	
Name o	f Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment 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 Clifton Building		

18 JUN 25 AM 9: 57

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

ISLAND WINGS INC				
(Name of Corporation as currently filed with the Florida Dept. of State) P97(000024943				
	(Document Number	of Corporation (if known	)	<del></del>
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corpora	tion adopts the following	ng amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc." or	"Co". A professional c		
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)			ig.	18 18 18 18 18 18 18 18 18 18 18 18 18 1
C. Enter new mailing address, if appli			:	TILED AMASSEE, F
D. If amending the registered agent an	ad/on antistance of Connection	dunnin Marida antaré		9: 48 LORIDA
new registered agent and/or the new			ne name of the	
Name of New Registered Agent	RAUL M SAENZ			<u></u>
	6405 NW 36 STREET S	UITE 116		
	(Florida s	treet address)		_
New Registered Office Address:	MIAMI		33166 , Florida	
		(City)		(Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			igations of the position.	
	and Signature of New	WL Registered Agent, if char	and the	-

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.

X Change	<u>14</u>	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
X 1) Change	P	JULIO MARQUEZ	HHI CORAL WAY
Add			CORAL GABLES FL 33134
Remove			
X 2) Change	VP	JHAMIL MARQUEZ	9811 SW 4TH TERRACE
Add			MIAMI FL 33174
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add	<del></del>		
Remove			
5) Change			
Add			
Remove			
6) Change	-		
Add			
Remove			<del></del>

If amending or adding additional A (Attach additional sheets, if necessary	). (Be specific)				
			<del></del>		
	<del></del>			···	
				<u></u>	
If an amendment provides for an exprovisions for implementing the are (if not applicable, indicate N/A)	<u>nendment if not c</u>	ication, or cance contained in the	ellation of issued amendment itse	shares, f:	
					· <del>-</del>
		-			
			100	•	

JUNE 20, 2018	
The date of each amendment(s) adoption:	_, if other than the
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 document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ 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 east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ 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.	
06/20/2018	
Dated	
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)	_
JHAMIL MARQUEZ	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)