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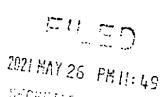
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Tierra Del Lago, I	nc., a Florida corporation	
DOCUMENT NUM			
	s of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	Gay Veta		
		Name of Contact Person	1
	Tierra Del Lago, Inc., a Flori	da corporation	
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
	5654 Coral Ridge Drive, Suit	ie 419	
		Address	
	Coral Springs, FL 33076		
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	2
	wbsvela@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas		866-3231
Name	of Contact Person	at (at (866-3231 de & Daytime Telephone Number
Enclosed is a check for	or the following amount made		
S35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation



		OI .	20 1111:4
Гierra Del Lago, Inc.			SECRETARY OF ALL
(Name	of Corporation as curre	ently filed with the Flori	da Dept. of State)
38862			
	(Document Number	er of Corporation (if know	m)
ursuant to the provisions of section 607 s Articles of Incorporation:	7.1006, Florida Statutes, t	his <i>Florida Profit Corpor</i>	ation adopts the following amendment
. If amending name, enter the new r	ame of the corporation:	<u>.</u>	
			The new
nme must be distinguishable and contai lnc.," or Co.," or the designation " chartered," "professional association,	Corp, " "Inc," or "Co".	A professional corpora	orated" or the abbreviation "Corp"
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		5654 Coral Ridge I	Orive, Suite 419
		Coral Springs, FL 3	33076
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5654 Coral Ridge D	Drive, Suite 419
		Coral Springs, FL 33	3076
If amending the registered agent an new registered agent and/or the ne	nd/or registered office as w registered office addr	<u>ddress in Florida, enter 1 ess:</u>	the name of the
Name of New Registered Agent	Gay Vela		
	5654 Coral Ridge Drive	, Suite 419	
	(Florida	street address)	
New Registered Office Address:	Coral Springs		, Florida
		(City)	(Zip Code)

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)

Example:

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>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>	Name	Address
l) Change	PCD	Richard A. Wright	Deceased
Add			
X Remove			
2) Change	P	Gay Vela	5654 Coral Ridge Drive, Suite 419
X Add			Coral Springs, FL 33076
Remove 3) Change	VP	Michelle Marsh	5654 Coral Ridge Drive, Suite 419
X Add			Coral Springs, FL 33076
Remove		•	
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	icles, enter change(s) here: (Be specific)
<u> </u>	
	
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f an amendment provides for an each	hange, reclassification, or cancellation of issued shares,
f an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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date this document was signed.	(s) adoption:	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
	nis block does not meet the applicable statutory filing requirements, this e Department of State's records.	is date will not be listed 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 and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendmere sufficient for approval.	ent(s)
	approved by the shareholders through voting groups. The following state of the same of the	lement
"The number of votes of	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
April 16	6, 2021	
Dated	·	
Signature L	Hay Vela-	
(By	a director, president or other officer - if directors or officers have not be ected, by an incorporator - if in the hands of a receiver, trustee, or other	court
	ointed fiduciary by that fiduciary)	
	Gay Vela	
	••	
	Gay Vela	

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