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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Tropical Realty &	Investments, Inc.	
DOCUMENT NUMB			· · · · · · · · · · · · · · · · · · ·
	f Amendment and fee are su	ibmitted for filing.	
Please return all corresp	ondence concerning this ma	atter to the following:	
i	Lisa Burford		
_		Name of Contact Perso	n .
	Tropical Realty & Investmen	its, Inc.	
_		Firm/ Company	
-	7916 Evolutions Way, Suite	210	
_		Address	
	Frinity, FL 34655		
		City/ State and Zip Cod	e e
LBUR	FORD@BHHSFLPG.NET		
	_	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Lisa Burford		at (de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment of State:
\$35 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)
Amer Divis P.O. I	ng Address Idment Section Idment Sec	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Tropical Rearry & nivestitients, inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
1126705	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	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," "company," or "incorporated" or the ab "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must c word "chartered," "professional association," or the abbreviation "P.A."	breviation ontain the
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)	
D. If amending the registered agent and/or registered office address 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:	
(City) (Zap C	nde)
	21
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	<u>.</u>
	7.4
Signature of New Registered Agent, if changing	ಈ

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: <u>X</u> Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
<u>X</u> Add	<u>SV</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
L) Change	VP		Terry Jim Kelley	 12284 Moss Lake Loop
Add				New Port Richey FL 34655
X Remove				
2) Change		_		
Add				
Remove				
3) Change		<u> </u>		
Add				
Remove				
4) Change		_		
Add				
Remove				
51 Change				
Add				
Remove				
6) Change				
Add		_		
Add				
NUMOVE				

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)	
· · · · · · · · · · · · · · · · · · ·		
		
·		
		_
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
orovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
(y nor upplicable, material many		

	June 14, 2021	
The date of each amendment(s date this document was signed.) adoption:	, if other than th
Effective date <u>if applicable</u> :	June 14, 2021	
<u>наружане</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this d Department of State's records.	ate will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendments sufficient for approval.	s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s).	ent
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
June 14	2021	
DatedSignature	le E CFO	
(By selection)	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other coubinted fiduciary by that fiduciary)	
	Alex Cramer	
	(Typed or printed name of person signing)	
	Chief Financial Officer	
	(Title of person signing)	