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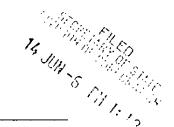
#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: PALMETTO PLACE CONDO UNIT 631 CORP						
DOCUMENT NUMBER: P08000064876						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	MONIQ	UE TRONCON	E CPA			
		Name of Contact Person	1			
	MONIQUE TRONCONE CPA					
		Firm/ Company				
	55 NE 5TH AVENUE SUITE 501					
	Address					
	BOCA	RATON FL 3340	32			
		City/ State and Zip Code	e			
	MONIQUE@TRO	NCONE-CPA.C	OM			
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
MONIQUE	TRONCONE CPA	<sub>at (</sub> 561	417-0308			
Na	Name of Contact Person		de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department 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)			
Mailing Address  Amendment Section		Street Address Amendment Section				
Division of Corporations		Division of Corporations				
	P.O. Box 6327		Building			
	Tallahassee, FL 32314	2001 E	xecutive Center Circle			

Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation



### PALMETTO PLACE CONDO UNIT 631 CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

#### P08000064876

(Document Number of Corporation (if known)

ndment(s) to

Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporat	tion adopts the following amenda	
A. If amending name, enter the new na	me of the corporation:			
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or '	'Co". A professional co		
B. Enter new principal office address, (Principal office address MUST BE A S				
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		55 NE 5TH AVE	ENUE SUITE 501	
<u> </u>	, , , , , , , , , , , , , , , , , , ,	BOCA RATO	ΓΟΝ FL 33432	
D. If amending the registered agent an new registered agent and/or the new			e name of the	
Name of New Registered Agent	MONIQUE TRO	NCONE CPA	<u> </u>	
	55 NE 5TH AVI	ENUE SUITE 5	501	
	(Florida st	reet address)	<del></del>	
New Registered Office Address:	BOCA RATON	, FI	lorida_33432	
	(City)	)	(Zip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as regist  Signature.		with and accept the oblig	gations of the position.	

## 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: 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>	<u>Addres</u> s	
1) Change	VP	GUISEPPE BRUSA	444 MADISON AVENUE	
Add			SUITE 1206	
Remove			NEW YORK, NY 10022	
2) Change	VP	GIORGIO PORTA	99 SE MIZNER BLVD	
Add	-		UNIT 631	
Remove			BOCA RATON, FL 33432	
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		·		
Add				
Remove				
6) Change				
Add				
Remove			<u></u>	

	dditional sheets	s, if necessary).	cles, enter chang (Be specific)			
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fan am	endment prov	ides for an exch	ange, reclassific	ation, or cancel	lation of issued sl	ares,
provisio	ons tor impiem not applicable,	indicate N/A)	nament 11 not co	ontained in the a	mendment itself:	
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The date of each amendment(s) adoption: MAY 21ST, 2014	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
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 cast 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.	
Dated MAY 21ST, 2014	
Signature X who while	
(By a director, president or other officer - if directors or officers have not been	<del>_</del>
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
PAOLO MARTINELLI	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	