## 91500001673

(Re	equestor's Name)	<del></del>
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## **COVER LETTER**

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ACCOUNTING TOPICAL I	nreshments			
DOCUMENT NUMBER: P1 S0000 967 93				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person  A COULO TOUTICAL  Firm/ Company  100000000000000000000000000000000000				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person at (A) S  Area Code & Day	92.6911			
Name of Contact Pelson Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
Certificate of Status Certified Copy Cert (Additional copy is Cert enclosed) (Add	50 Filing Fee ificate of Status ified Copy ditional Copy nclosed)			
Mailing Address  Amendment Section  Amendment Section				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment**

FILED

		17 110 00 -
	of	17 AUG 28 PM 12: 18
Acapala	Tropical Forest	ments
(Name of Corp	oration as currently filed with the Flo	orida Description State Signal Control of
(D	Occument Number of Corporation (if known	own)
ursuant to the provisions of section 607,1006, F s Articles of Incorporation:	Torida Statutes, this Florida Profit Corp	poration adopts the following amendment
. If amending name, enter the new name of t	the corporation:	16793 The new
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation " ord "chartered," "professional association," o	'Corp," "Inc," or "Co". A profession	r "incorporated" or the abbreviation
8. Enter new principal office address, if appli Principal office address <u>MUST BE A STREET</u>	icable: "ADDRESS")	
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFIC</u>	<u>E BOX</u> )	
D. If amending the registered agent and/or re new registered agent and/or the new regist Name of New Registered Agent	gistered office address in Florida, ent tered office address:	ter the name of the
	(Florida street address)	
New Registered Office Address:	(Florida street address)	, Florida

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 = ChiefExecutive 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.

Mike Jones, V as Remove	, and Sali	ly Smith, 3)	z as an Ao	IG.		
Example: X Change	<u>PT</u>	John Doc				
X Remove	<u>V</u>	Mike Jone	<u>cs</u>			
X Add	<u>sv</u>	Sally Smi	<u>ith</u>			
Type of Action (Check One)	<u>Title</u>	<u>]</u>	Name			Address
1) Change	VP	) <del></del> -	Mor	nel F. Hut	<u>lg</u> a	10622 Old Grand Car
Add				Mendoza		Barrida F34212
Remove						
2) Change			Jou	Heyva Ga	more	Bridgeta Fr 34212
Add						P)(((())))
Remove						
3) Change					_ <del></del>	
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6)Change		— <del>—</del>				
Add						
Remove						

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					<del></del>
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	<u> </u>				
					-
	_		Market aftern	and aborne	
lf an amendment provides for an provisions for implementing the	exchange, reclas	ssification, or ca	i <u>ncellation of issi</u> the amendment i	itself:	
(if not applicable, indicate N/A	<u>amenament trag</u> 4)	ot contained in	me mienamen	<u></u>	
(I) not appreadic, material 1897	•,				
			<u> </u>		
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The date of each amendment(s) adoption	:	, if other than the
date this document was signed.	•	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date	)
Note: If the date inserted in this block do document's effective date on the Department	oes not meet the applicable statutory filing requirement of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the am for approval.	endment(s)
☐ The amendment(s) was/were approved by must be separately provided for each verified.	by the shareholders through voting groups. The following the group entitled to vote separately on the amendment	ng statement nt(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 action was not required.	the board of directors without shareholder action and s	shareholder
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and share	holder
Dated	25/2017	
Signature	Ludon	
(By a director,	president or other officer - if directors or officers have	not been
	incorporator - if in the hands of a receiver, trustee, or	other court
appointed fidu	iciary by that fiduciary)	$\sim$ .
	John leyval	Jundas
	(Typed or printed name of person signing)	· ·
	Owner these	ne
	(Title of person signing)	