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| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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| \$35.00 | | | | |
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: A CAPULCO TVO pical Investments Inc The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: 1100 Triopical Investments For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$**43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Centified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| Acapulo Topical | Investments Inc. |
|---|--|
| Name of Corporation as curren | tly filed with the Florida Dept. of State) |
| P1500096793 | |
| | of Corporation (if known) |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this articles of Incorporation: | s Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| | The new |
| name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation | on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | 17 |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | FILE I. |
| D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address | |
| Name of New Registered Agent | |
| (Florida s | treet address) |
| New Registered Office Address: | , Florida |
| New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar | |
| Signature of Nov | Registered Agent, if changing |
| Signature of New | regime en rigem, y ominging |

| address of each Officer (Attach additional sheets. Please note the officer/dir P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted | and/or Directo if necessary) rector title by the President; T= ' = Chief Finance r, Director would in the following wes the corpore | ne being added: The first letter of the office tile Treasurer: S= Secretary: I Sial Officer. If an officer/a Ild he PTD. By manner. Currently John Intion, Sally Smith is named | le: D= Director: TR= Tra irector holds more th Doe is listed as the P | lirector being removed and title, name, and ustee: C = Chairman or Clerk: CEO = Chief ian one title, list the first letter of each office is and Mike Jones is listed as the V. There is nould be noted as John Doe, PT as a Change, |
|---|--|---|--|--|
| X Change | <u>PT</u> <u>John</u> | Doc | | |
| X Remove | <u>V</u> <u>Mike</u> | e Jones | | |
| X Add | SV Sally | : <u>Smith</u> | | |
| Type of Action (Check One) | <u>Title</u> | Name | | Address |
| 1) Change Add | <u> </u> | Ana E. La | iva Quinte | Bradenta T34207 |
| Remove 2) Change Add | P | Josyleyna | Quintana | Bradenta TL 34207 |
| Remove 3) Change Add Remove | <u>VP</u> | Bonolfthomena | elgg Unc | SUIZ (4MSrw Bracunta R3410A |
| 4) Change Add Remove | | | | |
| 5) Change Add Remove | | | | |
| 7) Change Add Remove | | | | |

Page 2 of 4

| f amending or adding additional Articles, enter change(s) Attach additional sheets, if necessary). (Be specific) | |
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| f an amendment provides for an exchange, reclassification provisions for implementing the amendment if not contains. | in, or cancellation of issued snares, |
| (if not applicable, indicate N/A) | inter in the amendment usen. |
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| — | Sent 20, 2 | FIOS | , if other than the |
|---|---|---|------------------------------------|
| The date of each amendment(s) adoption: _ fate this document was signed. | <u> </u> | | , if Other than the |
| Effective date if applicable: | | | |
| | (no more than 90 days a | fter amendment file date) | |
| Note: If the date inserted in this block does document's effective date on the Department o | | tutory filing requirements, th | nis date will not be listed as the |
| Adoption of Amendment(s) (CI | HECK ONE) | | |
| The amendment(s) was/were adopted by the by the shareholders was/were sufficient for | · | of votes cast for the amenda | rent(s) |
| ☐ The amendment(s) was/were approved by the must be separately provided for each voting | he shareholders through voti g group entitled to vote sept | ing groups. The following sta arately on the amendment(s). | atement |
| "The number of votes cast for the amo | endment(s) was/were suffici | ent for approval | |
| by | | •••••••••••••••••••••••••••••••••••••• | |
| by | oting group) | | |
| ☐ The amendment(s) was/were adopted by the action was not required. | e board of directors without | shareholder action and share | holder |
| The amendment(s) was/were adopted by the action was not required. | e incorporators without shan | cholder action and sharehold | er |
| Dated | 20/2017 | | |
| Signature | Mey | Jen | |
| | | lirectors or officers have not t | |
| | corporator – it in the names (ry by that fiduciary) | of a receiver, trustee, or other | COUR |
| | | , | |
| | | yllyve_ | · |
| | (Typed or printed name of | person signing) | |
| | The | isuren | |
| | (Title of persor | n signing) | |