

P20 000008812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

(Business Entity Name)

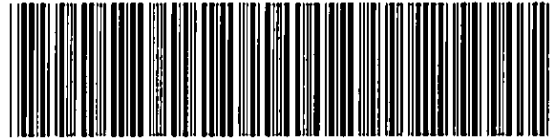
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2020 MAR -5 PM 4:15  
SECTION 1  
FALL RIVER, MASSACHUSETTS

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MAR 06 2020  
I ALBRITTON

COVER LETTER

10. Amendment Section  
Division of Corporations

NAME OF CORPORATION: TROPICAL PALM TRIM SERVICES INC

DOCUMENT NUMBER: P20000008812

(An enclosed *Articles of Amendment* and fee are submitted for filing.)

Please return all correspondence concerning this matter to the following:

MARLON E REYES ALBERTO  
Name of Contact Person  
TROPICAL PALM TRIM SERVICES INC  
Firm/Company  
204 58TH AVE E  
Address  
BRADENTON FL 34203  
City, State and Zip Code  
CORDEROAGENCY@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|---|---|--|--|

Mailing Address  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 3, 2020

MARLON E. REYES ALBERTO  
204 58TH AVE E  
BRADENTON, FL 34203

SUBJECT: TROPICAL PALM TRIM SERICES INC  
Ref. Number: P20000008812

We have received your document for TROPICAL PALM TRIM SERICES INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete/submit the form in its entirety.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 220A00004719

Articles of Amendment  
to  
Articles of Incorporation  
of

TROPICAL PALM TRIM SERVICES INC

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

120000008812

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

TROPICAL PALM TRIM SERVICES INC

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**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: \_\_\_\_\_, Florida \_\_\_\_\_

(City)

(Zip Code)

**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.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120(1)(c), F.S.

FILED  
2020 MAR -6 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, 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.

Match additional on...  
 Please note the... the first letter of the...  
 President, A... Treasurer, S... Secretary...  
 Executive Officer...  
 President...  
 Changes should be noted in the following manner: currently John Doe is listed as the P... and Mike Jones is listed as the V... These should be noted as John Doe, PF as a Change Mike Jones, V as long as... and Sally Smith, SW as an Add

Example:

X Change                      01              John Doe  
 X Remove                                      Mike Jones  
 Y Add    23              Sally Smith

Dept. of Assoc. Char. Code	Title	Name	Address
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			



The date of each amendment(s) adoption: \_\_\_\_\_  
Date this document is signed: \_\_\_\_\_

Effective date if applicable: \_\_\_\_\_  
*(no more than 30 days after amendment file date)*

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

The amendment(s) were adopted by the incorporator or board of directors without shareholder action and shareholder action was not required.

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 adopted by the shareholders through voting groups. *The following statement must be submitted with this document involving group entities (i.e. partnership or amendments):*

The number of votes cast for the amendment(s) was/were sufficient for approval.

by \_\_\_\_\_  
*(voting group)*

Date: 11/06/2014 \_\_\_\_\_

By: Marlon E. Reyes Alberio  
(By a director, president or other officer - if directors or officers have not been selected by an incorporator - if in the hands of a receiver, trustee or other court appointed fiduciary by that fiduciary.)

MARLON E. REYES ALBERIO  
\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT  
\_\_\_\_\_  
(Title of person signing)