556701

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COVER LETTER

TO: Amendment Section Division of Corporations

\bigcap		-
NAME OF CORPORATION:	+ troperty Management (0
DOCUMENT NUMBER: <u>\$54701</u>		
The enclosed <i>Articles of Amendment</i> and fee are su	abmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
	_	
(<u>) ary</u> (Marlowe	
	Name of Contact Person	
Grant trop	Perty Management CO.	
1599 N	w9th Ave #2	
	Address	
tora ka	ation 17 33486	
	City/ State and Zip Code	
E-mail address: (to be us	grant mant. com sed for future annual report notification)	
For further information concerning this matter, pleas	se call:	
Gay Marlowe Name of Contact Person	at (Sel) 417 - 410 Area Code & Daytime Telephone Number	Q
Enclosed is a check for the following amount made p	payable to the Florida Department of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee	
Certificate of Status	Certified Copy Certificate of Status	
	(Additional copy is Certified Copy enclosed) (Additional Copy	
	is enclosed)	
Mailing Address	Street Address	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

Grant Property Manag	gement Comp	and
(Name of Corporation as currently		
556701		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the foll	lowing 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, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P	o". A professional corporation name i	he abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		2 8 8
		<u></u>
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		<u> </u>
		(당: 여
	-	07 DA
D. If amending the registered agent and/or registered office addressinew registered agent and/or the new registered office address:	ss in Florida, enter the name of the	
new registered agent and/or the new registered office address.		
Name of New Registered Agent		
(Florida stree	i oddress)	
New Registered Office Address:	Florida	
10	îiy)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the posit	ion.
Signature of New Res	gistered Agent, if changing	

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) K Change	DP	Gary Marlowe	1599 NW 9th Ave, 45 Boca Ration, FL 334
Add		J	Boca Ration FL 334
Remove			
2) Change Add	<u> </u>	Donna Mulgrew	1599 NW 94 Ave, #20 Boca Ratin, FC 33486
Remove			
3 + Change			
Add		_	
Remove			
4) Change			
Add			
Remove			
5) Change		<u>.</u>	
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
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for an amondament manifest for an except	have realization as assolution of invest shares
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
 	
-	
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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> : too more than 90 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) was/were adopted by the shareholders. The number of votes east 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)
(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
Signature Margue
(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)
(Typed or printed name of person signing)
TCRS: of a 1
(Title of person signing)