(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	TOWER EAST INCO DN:	RPORATED		
DOCUMENT NUMBER:	706865			
The enclosed Articles of Am	endment and fee are subm	itted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
Amaury Cruz, Esq.				
	(Name of Contact Person	on)	
		, m. 1.c.		,,,,,, -
		(Firm/ Company)		
1688 West Avenue #602				
		(Address)		
Miami Beach, Florida 33139				
	(City/ State and Zip Co	de)	
towereast@mail.com				
E	-mail address: (to be used	for future annual report	notification	
For further information conc	erning this matter, please c	all:		
Amaury Cruz		30 at)5	282-6217
	(Name of Contact Person)		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fe	ollowing amount made pay	able to the Florida Dep	partment of S	State:
\$35 Filing Fee	□\$43.75 Filing Fee & ■ Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Cenifi Cenifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing A	ddraec	Stann	t Addrose	

Mailing Address

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

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation of

Tower East Incorporated				
(Name of Corporation a	s currently	filed with the Florid <u>a</u> D	ept. of State)	
706865				
(Docume	ent Number o	f Corporation (if known)	<u> </u>	
Pursuant to the provisions of section 617,1006, Floric imendment(s) to its Articles of Incorporation:	da Statutes, tl	nis <i>Florida Not For Proj</i>	fit Corporation adopts the following	lowing
A. If amending name, enter the new name of the c	corporation:	NA-		
name must be distinguishable and contain the word				e new
"Company" or "Co." may not be used in the name.		or incorporated or i	ne anoreviation Corp. or	mc.
B. Enter new principal office address, if applicable	<u>le:</u>	N. A.		
Principal office address <u>MUST BE A STREET AD</u>	ODRESS)		72 (c).	201
				2018 AUG -6
		_		5
C. Enter new mailing address, if applicable:		N. A.	65 E	9
(Mailing address <u>MAY BE A POST OFFICE Bo</u>	<u>OX</u>)		433	<u> </u>
			<u> </u>	— <u>ë</u>
				 ودی
	-			— <i>-</i>
 If amending the registered agent and/or registered new registered agent and/or the new registered. 			the name of the	
	Amaury Cruz			
<u>Name of New Registered Agent:</u>	<u> </u>			
	688 West As	venue, Apt 602		
New Registered Office Address:	(Florida street address)			
	Miami Beach		mi.a. 33139	
-		City)	, Florida (Zip Code)	
N. B. C. M. A. G. G. M. M. A. B.	* 1 4			
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.			bligations of the position.	
	·	Muna	7	
_	Sign	nur of New Registered	Agent, if hanging	
	•	<u>,</u>		

Page 1 of 4

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 X Remove X Add	$\underline{V} = \underline{Mik}$	n Doe se Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	GORDON, FRAN	1150 EUCLID APT 212
Add	,		MIAMI BEACH, FL 33139
X Remove			
2) Change	т 	CICCOTELLI, LAWRENCE	H50 EUCLID APT 107
Add			MIAMI BEACH, FL 33139
X Remove			
3)Change	VP	ALCANEYA, MONICA	H50 EUCLID APT 107
Add			MIAMI BEACH, FL 33139
X Remove			
4) Change	PD	SANCHEZ, NELSON	5505 NW 7 ST APT W314
X Add			MIAMI, FL 33126
Remove			
5) Change	VTD	ADAM CRUZ	1150 EUCLID AVE APT 108
X Add			MIAMI BEACH, FL 33139
Remove			
6) Change	SD	SISSI ASPERTI	1150 EUCLID AVE APT 212
X Add			MIAMI BEACH, FL 33139
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
N. A.

The date of each amendment(s) addate this document was signed.	option:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this dat partment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendme	ent(s)
There are no members or membadopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/wers.	ere
Dated Signature	oux San	
By the chair have not bee	man or vice chairman of the board president or other officer-if direct on selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	
Nelson Sc	unchez	
	(Typed or printed name of person signing)	_
President		
	(Title of person signing)	· <u> </u>