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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPOR	RATION: Best Florida Prope	rties, Inc.			
DOCUMENT NUM	1105649				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Patricia T. Assetf				
		Name of Contact Persor	1		
	Best Florida Properties, Inc.				
		Firm/ Company			
	P.O. Box 3562				
	Address				
	Hollywood, FL 33083				
		City/ State and Zip Code	··· ·		
		,			
into a	@sukkarlaw.com 				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
Patricia T. Assetf		at (439-4668		
Name	of Contact Person	Area Co	Je & Daytime Telephone Number		
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	rtment of State:		
■ \$35 Filling Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$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		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILES

2017 DEC 15 PH 4: 49

Best Florida Properties, Inc.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
H05649	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation;	
N/A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
new registered agent and/or the new registered office address.	•
N/A	
Name of New Registered Agent N/A	
Name of New Registered Agent	
Name of New Registered Agent (Florida stre	vet address)
Name of New Registered Agent (Florida stre	vet address) Florida (City) (Zip Code)

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.

X Change	<u>PT</u> <u>J</u>	ohn Doc	
X Remove	<u>V</u> <u>N</u>	like Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PD	Mazen Sukkar	P.O. Box 3562
Add			Hollywood, FL 33083
X Remove			
2) Change	PD	Patricia T. Asseff	P.O. Box 3562
X Add			Hollywood, FL 33083
Remove			
3) Change			
Add			
Remove			
4)Change	- 		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach adamonal sne	ets, if necessary). (Be	: specific)			
∛/A					
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		<u> </u>			
. If an amendment pr	ovides for an exchange	, reclassification, o	or cancellation of iss	sued shares,	
provisions for imple	ementing the amendme	ent if not contained	in the amendment	itself:	
(if not applicabl	e, indicate N/A)				
∜A					
					······································
186 - 186	_				
			-	•	

	December 14, 2017	
The date of each amendment(date this document was signed.	s) adoption:	, if other than th
	December 14, 2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<u></u>
	his block does not meet the applicable statutory filing requirements, this date we Department of State's records.	fill not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	c approved by the shareholders through voting groups. The following statement d 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 action was not required.	e adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Decen Dated	aber 14. 2017	
sel	y a director, president or other officer in directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	Patricia T. Asseff	
	(Typed or printed name of person signing)	
	President/Director	
	(Title of person signing)	