577366

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	Tropic Investments	Of Miami, Inc	. .		
DOCUMENT NUMBER					
	Amendment and fee are sul	omitted for filing.			
Please return all correspon	ndence concerning this mat	ter to the following:			
Ма	ria Ferraro				
		Name of Contact Person			
Tro	Tropic Investments Of Miami, Inc				
	Firm/ Company				
104	12 NE 91 Terrace	r mar Company			
_	Address				
Mi	Miami Shores, Fl 33168				
_		City/ State and Zip Code			
Orsocons	truction@aol.com				
	_	ed for future annual report	notification)		
			,		
For further information co	ncerning this matter, pleas	e call:			
Maria Ferraro		at (³⁰⁵	215-5537 de & Daytime Telephone Number		
Name of C	ontact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amendi Division P.O. Bo	e Address ment Section of Corporations ox 6327 ssee, 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

Tropic Investments Of Miami, Inc

(<u>Name o</u>	of Corporation as curren	tly filed with the Florida Dept	. of State)
J77366			
	(Document Number	of Corporation (if known)	***
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation ac	lopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corpora	
B. Enter new principal office address,	if applicable:		<u></u>
(Principal office address MUST BE A S			
C. Enter new mailing address, if appli	icable:		75
(Mailing address MAY BE A POST			
		•	- 10 ω m
		444	
D. If amending the registered agent an			ne of the
new registered agent and/or the new	w registered office addres	<u>ss:</u>	器 25
Name of New Registered Agent	Maria Ferraro		"
	1042 NE 91 Terrace		
	(Florida s	treet address)	
New Registered Office Address:	Miami Shores		. Florida 33138
New Registered Office Address.	· · · · · · · · · · · · · · · · · · ·	(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			a of the position
i nereny accept the appointment as regist	erea ageni. 1 am jamiliar	with and accept the obligation.	s of the position.
	Λ		
	Hana	Emar	D
	Signature of New	Registered 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	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PTD	Donato Masucci	1256 Ne 92 Street
Add			Miami Shores
x Remove			Fl 33138
2) Change	PTD	Maria Ferraro	1042 NE 91 Terrace
x Add			Miami Shores
Remove			Fl 33138
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
· 'V	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	100015	
Effective date <u>if applicable</u> :	/10/2015	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, thi Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	ent(s)
	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	rement
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	.,,	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareh	older
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholde	r
11/10/20 Dated	15	
Signature	Hane Jeman	
(By a selec	director, president or other officer – if directors or officers have not be ted, by an incorporator – if in the hands of a receiver, trustee, or other sinted fiduciary by that fiduciary)	
	Maria Ferraro	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	