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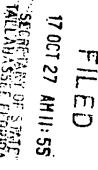
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Tropical Pallets Inc					
DOCUMENT NUME	BER: K87647					
	of Amendment and fee are sul	bmitted for filing.				
Please return all corres	pondence concerning this mat	ter to the following:				
	Rigoberto Lesteiro					
	Name of Contact Person					
	Tropical Pallets Inc.					
		Firm/ Company	,,			
	1500 NW 23 Street					
		Address	, - u			
	Miami, FL 33142					
		City/ State and Zip Cod	e			
accou	ntspayables@tropicalpalletsin	c.com				
		ed for future annual report	notification)			
For further information	concerning this matter, please	e call:				
Rigoberto Lesteiro		at (634-0346			
Name o	me of Contact Person Area Code & Daytime Telephone Nu		de & Daytime Telephone Number			
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:			
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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 Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 17 OCT 27 AM II: 54

SECRETARY OF STATE TALLABASSEE FLORIDA Tropical Pallets, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) K87647 (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: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "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 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

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>	John Doe				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change	CFO	Alena Hernandez	1500 NW 23rd Street			
Add			Miami, FL 33142			
XX Remove						
2) Change						
Add						
Remove						
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change		_				
Add						
Remove						
б) Change						
Add						
Remove						

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
. 4. 4	
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If an amendment provides for an eych	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
A	

•	04/05/2017		
The date of each amendment(s) addate this document was signed.			, if other than the
	ediately		
Effective date <u>if applicable</u> :			
	(no more the	an 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De		pplicable statutory filing requirements, this da ls.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
■ The amendment(s) was/were add by the shareholders was/were su		The number of votes cast for the amendment(s	; }
		through voting groups. The following statemed to vote separately on the amendment(s):	ભા
"The number of votes cast	for the amendment(s) was/	/were sufficient for approval	
by	(voting group)	·"	
	(voting group)		
☐ The amendment(s) was/were add action was not required.	pted by the board of direct	stors without shareholder action and shareholde	श
☐ The amendment(s) was/were add action was not required.	pted by the incorporators	without shareholder action and shareholder	
10/26/2017 Dated		<u></u>	
	rector president or other		
Signature	/ feel		
selecte	acción, president en emier i	in the hands of a receiver, trustee, or other cour	t
	Rigoberto Lesteiro		
	(Typed or prin	nted name of person signing)	
	CEO + C	DWKER	
	(Ti	itle of person signing)	