138646

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: _____TCPA Properties, Inc. DOCUMENT NUMBER: L38646 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dario Muleris Name of Contact Person TCPA Properties, Inc. Firm/ Company 1908 NW 4th Avenue, Ste 112 Address Boca Raton, FL 33432 City/ State and Zip Code dmuleris@bocaapts.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561) 368-5555

Area Code & Daytime Telephone Number Dario Muleris Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 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 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

TCPA Properties, Inc.			
(Name of Corporati	on as currently filed with the	Florida Dept. of State)	
L38646			
(Docum	nent Number of Corporation (i	f known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida Profit</i> (Corporation adopts the follow	ving amendment(s)
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	" "Inc," or "Co". A profes		abbreviation
B. Enter new principal office address, if applicable			
(Principal office address <u>MUST BE A STREET ADL</u>	ORESS)		
			
	<u></u>		宝船 量 ー
C. Enter new mailing address, if applicable:			35 I
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>		THE P
			<u> </u>
		•	37 0
		· · · · · · · · · · · · · · · · · · ·	-57 - 5
D. If amending the registered agent and/or register new registered agent and/or the new registered		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	
	(City)	(Z	ip Code)
N. B. (1) 10 10 10 10 10 10 10 10 10 10 10 10 10			
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		the obligations of the position	n
The second secon	Tamijamma min ana accept	The congulations of the position	
Sign	ature of New Registered Agen	t. 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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	<u>v</u>	_	Dario Muleris	1908 NW 4th Avenue, Ste 112
x Add				Boca Raton, FL 33432
Remove				
2) Change				
Add				
Remove				
3)Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
f an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and in the amendment itself:

June 13, 2016
The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable:
(no 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 cast 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 6/13/2016
Signature In Klasteld
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)
Jon Klasfeld
(Typed or printed name of person signing)
President
(Title of person signing)