M19602

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10/02/24--01009--008 **\$2.50



COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	RATION: South Florida Trop	oicals of Boynton Beach, In	c				
DOCUMENT NUM		· · · · · · · · · · · · · · · · · · ·					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.					
Please return all corre	espondence concerning this ma	tter to the following:					
	Jon Kevin Cooper						
	Name of Contact Person						
	South Florida Tropicals of Boynton Beach, Inc.						
	Firm/ Company						
	9528 87th Place S.						
		Address					
	Boynton Beach Florida 3347	2					
	City/ State and Zip Code						
	Kevin@kbrowse.com						
	-	sed for future annual report	notification)				
		•	,				
For further information	on concerning this matter, pleas	se call:					
Jon Cooper		at (772	9710588				
Name of Contact Person		at (772) 9710588 Area Code & Daytime Telephone Number					
Enclosed is a check f	or the following amount made	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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee					

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

Articles of Amendment to Articles of Incorporation of

South Florida Tropicals of Boynton Beach, Inc.

(Name)	of Corporation as currently	filed with the Florida	Dept. of State)	
M19602				
	(Document Number of	Corporation (if known))	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this I	Aorida Profit Corporat	tion adopts the following	ig amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	lorp," "Inc," or "Co". A			
B. Enter new principal office address,	if applicable:		·	
(Principal office address <u>MUST BE A S</u>		,		
				ru
C. F	·		<u>:</u>	:
C. Enter new mailing address, if appl (Mailing address MAY BE A POST				<u>.</u>
			r (i	2
D. If amending the registered agent an new registered agent and/or the new			ne name of the	
Name of New Registered Agent	Wendie M. Cooper			_
	9528 87th Place S Boynton	1 Beach FL 33472		
	(Florida stre	vet address)		_
New Registered Office Address:	9528 87th Place S. Boynton	n Beach	Florida_33472	
		Ciny	(Zip)	Code)
New Registered Agent's Signature, if c	hunging Registered Agents			
I hereby accept the appointment as regist		ith and accept the oblis	gations of the position.	
11 hr	Signature of New Re	ce 5)		_
	Signature of New Re	giftered Agent, if chan	ging	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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: \underline{X} Change	PT Joh	n Doe	
X Remove	<u>V</u> <u>Mil</u>	Ke Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DP	Robert Frueh	605 Spyglass Lane
Add			Vero Beach FL 32963
X Remove			
2) Change	<u>vs</u>	Wendie Cooper	9528 87th Place S
X Add			Boynton Beach Fl 33472
Remove 3) <u>x</u> Change	CEOP	Jon Kevin Cooper	9528 87th Place S
Add			Boynton Beach FL33472
Remove			
4) Change			
Add			
Remove			<u> </u>
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

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an amendment pro	ovides for an exc	hange reclassi	ification or ca	ncellation of iss	med shares	
provisions for imple	ementing the am	endment if not	contained in t	he amendment	itself:	
(if not applicable	e, indicate N/A)					
			<u>-</u>			
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date this document was signed. Effective date if applicable: 09/17/2024 (no more than 90 days after amendment file date)	The date of each amendment	(s) adoption:	411712	024	, if other than the
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 incorporators, or board of directors without shareholder action and shareholder action was not required. 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) Dated 09/17/2024 Signature (By addrector 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 Kevin Cooper (Typed or printed name of person signing)			, , ,	•	
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Jon Kevin Cooper (Typed or printed name of person signing) Director	se	lected, by an inco	rporator if in the hand		
(Typed or printed name of person signing) Director	ар	pointed fiduciary	by that fiduciary)		
Director		Jon Kevin C	Cooper		
		(*	Typed or printed name of	of person signing)	
(Title of person signing)		Director			
		(Title of person signing)		

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