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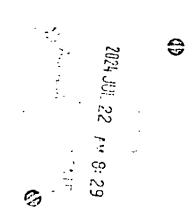
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION  | Tyrone Villas Incorp<br>ON: | oorated  |              |                    |   |   |
|--|-----------------------------|--|--------------|--------------------|---|---|
| DOCUMENT NUMBER:   | N20000000676                | <del></del> +  |              |                    |   |   |
| The enclosed Articles of An                                  |                             |  |              |                    |   |   |
| Please return all correspond                                 | ence concerning this man    | er to the followin   | E.           |                    |   |   |
| Sheila M. Lake, Esq.   |                             |  |              |                    |   |   |
|  | <del></del>                 | (Name of Conta   | ct Person)   |                    |   |   |
| Lake Law Firm, P.A.  |                             |  |              |                    |   |   |
| <del></del> - ,  |                             | Hirm Com   | pany)        |                    |   |   |
| 475 Central Ave. Ste. 402                                    |                             |  |              |                    |   |   |
|  |                             | (Addres  | s)           |                    |   | _ |
| St. Petersburg, FL 33701                                     |                             |  |              |                    |   |   |
| <del></del>  |                             | (City State and  |              |                    | <del></del>                                   |   |
| smlaketa lakelaw firmpa.cor                                  | n                           |  |              |                    |   |   |
| F  | -mail address, (to be asec  | l for future annui   | l report hot | ification          | i ·   |   |
| For further information conc                                 | erning this matter, please  | call:  |              |                    |   |   |
| Sheila M. Lake   |                             |  | 727          |                    | 592-1812                                      |   |
|  | (Name of Contact Person     | , –  | at<br>(Area  | Code)              | (Daytime Telephone Number)                    |   |
| Enclosed is a check for the t                                | ollowing amount made pa     | ayable to the Flor   | ida Departn  | nent of            | State   |   |
| ■ \$35 Filling Fee   |                             | 2543.75 Fiting<br>Certified Copy<br>(Additional co-<br>enclosed) | `            | Certifi<br>Certifi | icute of Status<br>ied Copy<br>iional Copy is |   |
| Mailing Address  Amendment Section  Division of Corporations |                             |  | Street Ad    |                    |   |   |
|  |                             | Amendment Section Division of Corporations                       |              |                    |   |   |
|  | •                           |  |              |                    |   |   |
| P.O. Box 6327<br>Fallahassee, F1 32344                       |                             | The Centre of Fallahassee<br>2415 N. Monroe Street, Suite 810    |              |                    |   |   |
| rananasse  | C. (L. 32319)               |  | F415 121     | мини               | ancet, sinte vitt                             |   |

Fallahussee, FE 32303

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## Articles of Amendment to Articles of Incorporation of

| N20000000676  |                               |                                       |              |
|---|-------------------------------|---------------------------------------|--------------|
| (Document Number  | et of Corporation (if known)  |                                       |              |
| Pursuant to the provisions of section 617-1006, Florida Statute imendments) to its Articles of Incorporation:                             | s, this Florida Not For Prof. | 't Corporation adopts ti              | ie feliowing |
| A. If amending name, enter the new name of the corporati  | ion:                          |                                       |              |
|   |                               |                                       | _The new     |
| uane must be distinguishable and contain the word "corporat<br>"Company" or "Co," may not be used in the name                             | ion" or "incorporated" or t   | ic abbreviation (Corp.)<br>2%         | or "Inc      |
| 3. Enter new principal office address, if applicable:<br>Principal office address <u>MUST BE A STREET ADDRESS</u> )                       |                               | ** *                                  | ال 2024 يا   |
|   |                               |                                       | %<br>        |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)   |                               | · · · · · · · · · · · · · · · · · · · |              |
| ·   |                               |                                       | 29           |
| <ol> <li>If amending the registered agent and/or registered offic<br/>new registered agent and/or the new registered office ac</li> </ol> |                               | the name of the                       |              |
| Name of New Registered Agent  |                               |                                       |              |
| New Registered Office Address:  | O fore la se                  | oot addr. sss                         |              |
| <del>-</del>  | ·City                         | . Florida<br>1239 Cedi                |              |
|   |                               | , , , , , , , , , , , , , , , , , , , |              |

Signature of New Registered Agent, it 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:

(Attack additional sheets, if necessary)

Please note the officer director title by the first letter of the office title

P. President,  $V^2$  Use President; T Treasurer; S Secretary; D Director; TK Trustee; C Chairman or Clerk, CEO. Chief Executive Officer; CFO. Chief Financial Officer. If an officer director holds more than one tule, list the first letter of each office held. President, Treasurer, Director would be P(P).

Changes should be noted in the following manner. Carrently John Doe is listed as the PST and Mike Jones is listed as the V. Diere 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 X Remove X Add                          | <u>P f</u><br><u>V</u><br><u>SV</u> | John Doc<br>Mike Jones<br>Sally Smith                         |                                       |
|---|-------------------------------------|---|---------------------------------------|
| Type of Action (Check One)                                | <u>Tide</u>                         | <u>Name</u>   | Address                               |
| 1) Change<br>Add  | -                                   | <del></del>   |                                       |
| Remove 2) Change Add                                      | ··-                                 |   |                                       |
| Remove  |                                     |   |                                       |
| 4) Change Add   | <del></del> - <del></del>           |   |                                       |
| Remove 51ChangeAdd  |                                     |   |                                       |
| Remove 6) Change Add                                      |                                     |   |                                       |
| E. <u>If amending or addin</u><br>(attach additional shee | g additio<br>ts. it neces           | nal Articles, enter change(s) here:<br>ssurv) — (Be specific) |                                       |
| Article III. The specific p                               | urpose for                          | which this corporation is organized is: Managemen             | I Committee                           |
|   |                                     |   | · · · · · · · · · · · · · · · · · · · |
| <del></del>   |                                     |   | ·· <del></del>                        |

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| The date of each amendment(s) adopt date this document was signed. | September 9, 2020<br>ion:  | , if other than the |
| Effective date <u>if applicable</u> :                              | (no more than 90 days after amendment tile dater                                 |                     |
|  | loes not meet the applicable statutory filing requirements, this date will not b |                     |
| Adoption of Amendment(s)   | (CHECK ONE)  |                     |
| The amendment(s) was were adopt was were sufficient for approval.  | ed by the members and the number of votes east for the amendment(s)              |                     |

| There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.   |
|--|
| Dated 7/17/29 Signature Maria Paygrale   |
| (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| Maria Poggioli   |
| (Typed or printed name of person signing)  |
| Vice Chair   |
| (Title of person signing)  |