## P03000 157855

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## COVER LETTER

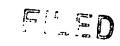
**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION: Capstone Tropical	Holdings, Inc.	
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Lisa Burford		
		Name of Contact Persor	1
	Capstone Tropical Holdings,	Inc.	
		Firm/ Company	_
	7916 Evolutions Way, Suite	210	
		Address	<del></del>
	Trinity, FL 34655		
		City/ State and Zip Code	2
lburf	ord@bhhsflpg.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Lisa Burford		at (	312-4240
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	ertment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi	ling Address endment Section sion of Corporations Box 6327	Amend Divisio	Address iment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Capstone Tropical Holdings, Inc.

2019 HAY -9 PH 12: 58

P03000157855  (Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts	\$ 1. FL
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts	
ts Articles of Incorporation:	the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company," or "incorporated "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation 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)	
). If amending the registered agent and/or registered office address in Florida, enter the name of new registered agent and/or the new registered office address:	<u>the</u>
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Flor	ida
(City)	(Zip Code)

## 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> <u>Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>M</u>	like Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	AS	Carol H Graham	3055 Woodbine Ave. SE
Add			Warren, OH 44484
X Remove			<del></del>
2) Change	AS	Lisa Burford	11733 Callisia Drive
X Add			Odessa, FL 33556
Remove			
3) x Change	ST	Mitchell, D D	10147 Sorenstam Drive
Add			Trinity, FL 34655
Remove			
4) Change			
Add			<del></del>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) hero (Be specific)		
<u>-</u>			<u> </u>
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f an amendment provides for an excl	nange, reclassification, or	cancellation of issued	shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained	n the amendment itse	<u>lf:</u>
(ij noi applicavie, inaicale iv/A)			

	4/25/2019	
The date of each amendment(s) adop	tion:	, if other than th
date this document was signed.		
4/25/20 Effective date <u>if applicable</u> :	19	
Effective date in appricable.	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirements, this d	ate will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes cast for the amendment ient for approval.	(s)
	red by the shareholders through voting groups. The following statem ch voting group entitled to vote separately on the amendment(s):	ient
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and shareholder	
April 25, 2019 Dated_		
Signature	Un I hunteley	
	etor, president or other officer - if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other cou	
	fiduciary by that fiduciary)	
Al	len S. Crumbley	
_	(Typed or printed name of person signing)	
Pr	esident	
_	(Title of person signing)	