## P03000157455

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Capstone Tropical	Holdings Inc.		
DOCUMENT NUN	1BER: P03000157855			
	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	Lisa Burford			
		Name of Contact Person	1	
	Capstone Tropical Holdings	Inc.		
		Firm/ Company		
	7916 Evolutions Way, Suite	• •		
		Address	<u> </u>	
	Trinity FL 34655			
		City/ State and Zip Code	2	
	LBURFORD@BHHSFLPG.	NET		
	<del>-</del>	sed for future annual report	notification)	
For further informat Lisa Burford	ion concerning this matter, pleas		312-4240 de & Daytime Telephone Number	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	irtment of State:	
S35 Filing Fce	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			Address	
	mendment Section	Amendment Section		
	vision of Corporations	Division of Corporations		
	O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
1 5	illahassee, FL 32314	Z415 £	n. Montoe Street, Stille 510	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

Capstone Tropical Holdings Inc.		<u> </u>	X T
(Name of Corporation a	as currently filed with the Florida Dept. of State)	77	70 70 m
P03000157855		325	ن ا
(Document	t Number of Corporation (if known)	40	圣 ,
Pursuant to the provisions of section 607.1006, Florida Statista Articles of Incorporation:	catutes, this Florida Profit Corporation adopts the fo	llowing N	amindme
A. If amending name, enter the new name of the corpo	oration:		
	<del></del>		
name must be distinguishable and contain the word "corpo" Inc., " or Co., " or the designation "Corp." "Inc.," or "chartered," "professional association," or the abbrevia	r "Co". A professional corporation name must	reviation	The new i "Corp.," the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi			
Name of New Registered Agent			
P-,-			
	(Florida street address)		
New Registered Office Address:	, Florida		<del> </del>
	(Ciţy)	(Zip Ca	sae)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	ered Agent: m familiar with and accept the obligations of the pos	rition.	
Signatur	re of New Registered Agent, if changing		
V			
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607	7.0120 (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)

Example:

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	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	AS	Lisa Burford	7916 Evolutions Way, Suite 210
Add			Trinity FL 34655
Remove 2) X Change	ST	D D Mitchell	7916 Evolutions Way, Suite 210
Add			Trinity FL 34655
Remove Change	<del> </del>		
Add			<u> </u>
Remove 4) Change			
Add			
Remove  5) Change			
Add			
Remove			
6) Change Add	<del> </del>		
Remove			

f amending or adding additional Artication and Arti	(Be specific)
•	
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·	<del></del>
· · · · · · · · · · · · · · · · · · ·	
····	
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(if not applicane, marcate 1921)	
<del></del>	
· · · · · · · · · · · · · · · · · · ·	

3/22/2022
The date of each amendment(s) adoption:
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 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)
(voting group)
Dated 3/ 22/2022 Signature Dull William Milliand
(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)
D Dewey Mitchell
(Typed or printed name of person signing)
Secretary/Treasurer
(Title of person signing)