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SECRETARY OF STATE

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### SECRETATE OF STATE TALLAHASSEE, FLORIDA

## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 20, 2010

ANGELO MALDONADO TROPICALE MOBILE DETAILING 6022 U S HWY 41 S #162 APOLLO BEACH, FL 33572

SUBJECT: TROPICALE MOBILE DETAILING, INC.

Ref. Number: P06000103183

We have received your document for TROPICALE MOBILE DETAILING, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 810A00022273

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#### COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: Tropicale Usale Defauling					
DOCUMENT NUMBER: +00000 103 183					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Angelo N- Waldanado Name of Contact Person					
Implate Whale Detailing					
COD 22 US HUY 41 S. 4 162					
Apollo beach, FE 33572  City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:  Anglo U. Manue of Contact Person  at (873) 363-2798  Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Calcilibrate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy} \ (Additional copy is enclosed)\$\$ Certified Copy (Additional Copy is enclosed)\$\$					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					

#### Articles of Amendment

Articles of Incorporation

$-\Delta$ and $-1$ $11411$ of $-1$
110place 400the Detailing, INC.
(Name of Corporation as currently filed with the Florida Dent/ of State)
700000003183
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation and must contain the 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)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:
Name of New Registered Agent: HOLO W. HULLONGCO
(1002) 115 Hull (15 H162
New Registered Office Address: (Florida street address)
AONIA 1290 (h Blasida 33572
(City) (Zip Code)
New Desistered Assettly Claustone if shoneing Degistered Agents
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent, am familiar with and accept the obligations of the position.
( la la Maldonalo
Signature of New Registered Agent, 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)

Title	Name	Address	Type of Action
ties	feharas. Whanned	6002 US-Kug 415	Add S⊄Remove
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		18000011 1C 33	<u> </u>
		Ġ.	
E. If amend	ling or adding additional Articles, enter	change(s) here:	
(allach aa	lditional sheets, if necessary). (Be specif	ic) 	
***************************************			
		9	
<u></u>			
F. Ifan am	endment provides for an exchange, recl	assification, or cancellation of	issued shares,
<u>provisio</u> (if no	ns for implementing the amendment if not applicable, indicate N/A)	ot contained in the amendmen	<u>it itself:</u>
<b>\(\frac{1}{3}\)</b>			
			<u> </u>
			<del></del>

The date of each amendment	(s) adoption:
TION TO A LOCAL TO A LA	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
	•
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statemen d 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)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
	re adopted by the incorporators without shareholder action and shareholder
action was not required.	
Dated	QQSQ
Signature	Carlo M Maldina de
(Ву	a director, president or other officer – if directors or officers have not been
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	Angelo I alamado  (Typed or printed name of person signing)
	RESIDENT
	(Title of person signing)