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OCT 25 2013

R. WHITE

COVER LETTER

TO: Amendment Section

Division of Corporations						
NAME OF CORPORATION: 2P Proferties, Inc. DOCUMENT NUMBER: 1070000 17893						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
MARISSA CAKMAKCI Name of Contact Person M. L. J. Tax & Accounting, Inc. Firm/Company 829 BALEY STRECT Address BOCA RATON, FL 33487 City/State and Zip Code MARISSA @ MLJ Tax Prep. Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
MANISSA CALMAKCI at 56/ 982-4127 Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)						
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle						

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

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,,		Articles of	Incorporation				
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	P Prope	rties,	Inc.		<u> </u>	4-64-4	TAT E
(Name of Corpo	ration as curren	tly filed with th	e Florida Dept. o	of State)	LAHASS	EE. FL	.ORIDA
10	7000017	1893				•	
(Document Numb	er of Corporatio	n (if known)				
rsuant to the provisions of sec Articles of Incorporation:	tion 607.1006, Fl	lorida Statutes, t	his <i>Florida Profit</i>	Corporatio	n adopts	the follo	wing amendment
If amending name, enter th	ie new name of t	he corporation:	_				
							The new
me must be distinguishable Forp.," "Inc.," or Co.," or ti ord "chartered," "professiona	he designation "(Corp," "Inc," o	or "Co". A profe				
Enter new principal office							
rincipal office address <u>MUSI</u>	<u> BE A STREET</u>	ADDRESS)					
							
							
. Enter new mailing address							
(Mailing address <u>MAY BE</u>	<u>A POST OFFICI</u>	E_BOX)					
If amending the registered new registered agent and/o				a, enter the	name of	<u>the</u>	
Name of New Registere	ed Agent						
							
		(Florid	a street address)				
New Registered Office	Address:			, Flor			
		(0	City)		(Zip Code	,
ew Registered Agent's Signa	itura ifahangini	n Dogistorod An	ont:				
hereby accept the appointment	t as registered ag	ent. I am famil	iar with and accep	ot the obliga	tions of t	he positi	on.
	Signature	of New Register	ed Agent, if chang	oino			

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>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
I) Change	<u>V. f.</u>	ROBERT J. DAVIS JR.	6519 N.W. 72 Place PALKLAMD, FL 33067
Add Remove			
2) Change	<u>sec.</u>	Francis J. SOBLEAK	861 S.E. 7th Ave. Pompano Beach, FL 33060
Remove 3) Change			
Add Remove			
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Remove			

					
				<u></u>	
					
				·	
<u>provis</u>	mendment provides for an elions for implementing the standard N/A	ımendment if n	ssification, or ca ot contained in	ncellation of issu the amendment it	ed shares, self:
			·		
		-			
			·		
				····	

The date of each amendment(s) adoption: 10-16-13 date this document was signed.	, if other than th
Effective date if applicable:	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
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	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10-16-13	
Signature	
(By a prector, 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)	
John Ly+/e (Typed or printed name of person signing) PresidenT	
(Typed or printed name of person signing)	
(Title of person signing)	