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## **COVER LETTER**

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: Orchid Properties, Inc.					
DOCUMENT NUMBER: \$90700036 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Jennifer Springer Rinden Name of Contact Person					
Orchid Properties					
24311 Walden Center Dr. Ste. 200 Address					
Bonita Spangs, FL 34134 City/ State and Zip Code					
Figure 2 County of the County					
For further information concerning this matter, please call:					
Jennifer Sanger Rinden at 920, 540 - 1, 822  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  Certificate of Status  Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Section  Street Address Amendment Section					

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment

to Articles of Incorporation

	et por accon	
Orchid Prope	Hies, Inc.	
(Name of Corporation as curren	tly filed with the Florida Dept. of State	•
P0700003l	0 63	
(Document Number	of Corporation (if known)	
fursuant to the provisions of section 607.1006. Florida Statutes, this is Articles of Incorporation:	s Florida Profit Corporation adopts the fo	ollowing amendment(s)
a. If amending name, enter the new name of the corporation:	y Group. Inc.	The new
name must be distinguishable and contain the word "corporati" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name	the abbreviation
B. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS )		
• 3		
		<u> </u>
Enter new mailing address, if applicable:	· ·	
(Mailing address MAY BE A POST OFFICE BOX)		
<ol> <li>If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address</li> </ol>		
- <del></del> -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Name of New Registered Agent		
(Clarity of	treet address)	
New Registered Office Address:	(City), Florida_	(Zip Code)
	(SAW)	(274)
lew Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar		atat .
nereoy accept the appointment as registered agent. I am familiar	with and accept the obligations of the po.	sinon.
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)

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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			/
Add			
Remove			
3 ) Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_ /	
Add			
Remove	/	/	
6) Change		_	
Add			
Remove			

. <u>If amending</u> (Attach <i>addit</i>	or adding additional Articles, enter change(s) here: ional sheets, if necessary). (Be specific)
<u>.</u>	
·	
provisions	ment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself: applicable, indicate N/A)
	/
<del></del>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 wi document's effective date on the Department of State's records.	ll not be listed as the
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"	
(voting group)	
☐ 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.	
Signature  (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	<del></del>
appointed fiduciary by that fiduciary)	
Jennifer Springer Rinden	
(Typed or printed name of person signing)	
(Title of person signing)	<del></del>