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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: Tropical Adjusters Inc
DOCUMENT NUMBER: PD 07000 49405
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Donald Lee Goins II Name of Contact Person Tropical Adjusters Inc Firm/ Company S800 SW 17 ST Address Plantation, FL 33317 City/ State and Zip Code adjuster goins Qaol. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Donald Lee Goins Tat (786) 447-9232 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 Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

	Articles of Incorporation	FILEB
tropica	al Adjusters	13 JUL -5 AH 8: 12
(Name of Corporation as curre	ntly filed with the Florida Dept.	of State SEUNDIARY OF STATE
PDOF	20404 0000	LABEAHASSEE FEORIDA
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this <i>Florida Profi</i>	t Corporation adopts the following amendment(s)
A. If amending name, enter the new name of	the corporation:	
		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A profe	
B. Enter new principal office address, if app	licable:	
(Principal office address MUST BE A STREE	T ADDRESS)	
	William I I I I I I I I I I I I I I I I I I I	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
D. If amending the registered agent and/or r new registered agent and/or the new regis		a, enter the name of the
Name of New Registered Agent		
	(Florida street address)	<u> </u>
New Registered Office Address:		, Florida
New Negistered Office Address.	(City)	(Zip Code)
New Registered Agent's Signature, if changing	ng Registered Agent:	
I hereby accept the appointment as registered a	igent. I am familiar with and acce	pt the obligations of the position.
Signatur	re of New Registered Agent, if chan	oging

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>	John Do	<u>oe</u>			
X Remove	<u>v</u>	Mike Jo	ones			
X Add	<u>sv</u>	Sally Si	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			<u>Addres</u> s
1) Change	P	, 	Teresa	E.	Goins	<u>5800 SW 1</u> 7 ST
Add						Plantation FC
X Remove						3.3.317
2) X Change	P		Donald	. L.	GoinsI	5800 SW17 ST
Add						<u>Plantation</u> , FC
Remove						33317
3) Change						
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change		.				
Add						
Remove						
6) Change						
Add						
Remove						

	ending or adding additional Articles, enter change(s) here: h additional sheets, if necessary). (Be specific)	
·		
<u>-</u> .		
fan : prov (amendment provides for an exchange, reclassification, or cancellation of visions for implementing the amendment if not contained in the amendment (if not applicable, indicate N/A)	of issued shares, nent itself:

The date of each amendment(s) adoption: 6-30-2013
Effective date if applicable: 6-30-2013
(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"
(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.
Dated 6-30-2013
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 appointed fiduciary by that fiduciary)
Teresa Goins
(Typed or printed name of person signing)
President (Being Removed)
(Title of person signing)