P08000024126

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C. GOLDEN JAN 1 7 2020

COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: TOP ESTATE PROPERTIES INC.

DOCUMENT NUMBER: P O (000 26126)

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANCENY REVES
Name of Contact Person
TOP ESTIME PROPERTIES INC.
Firm/ Company
8650 BISCAYNE BLUD
Address
EL PORTAL, FLORIDA 33135
City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 DANCENY REVES
 at (305)
 458 - 7134

 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

S43.75 Filing Fee & Certificate of Status □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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Articles of Amendment to Articles of Incorporation of

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to

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	TOP	ESTATE	PROPERTIES	INC.	2015 1. 16 PHIZ: 4
	(<u>Na</u>	me of Corpora	tion as currently file	<u>d with the Flo</u>	orida Dept. of State)
			8000026126		
		(Doci	iment Number of Corj	poration (if kn	own)
	the provisions of section of Incorporation:	607.1006, Flori	da Statutes, this <i>Flori</i>	da Profit Corj	poration adopts the following amendment(s
A. <u>If ameno</u>	ding name, enter the ne	w name of the s	corporation:		
					The new
"Corp., "-"I	be distinguishable and nc.," or Co.," or the de ered," "professional ass	signation "Cor	p, " "Inc, " or "Co".	A profession	r "incorporated" or the abbreviation al corporation name must contain the
	w principal office addr				
(Principal o	ffice address <u>MUST BE</u>	<u>A STREET AL</u>	<u>DDRESS</u>)		
			—	. <u></u>	
	ew mailing address, if a				
(Mailing	g address <u>MAY BE A PO</u>	<u>ST OFFICE B</u>	<u>0x</u>)		
				-	
	ding the registered ager istered agent and/or the			n Florida, ent	er the name of the
<u>new reg</u>	istered agent and/or the	enew registere	a office address:		
<u>Na</u>	me of New Registered Ag	ent			
			(Florida street aa	dress)	
Nev	v Registered Office Addr	esst			, Florida
			(City)		(Zip Code)
	ered Agent's Signature.				
i nereny acc	ept the appointment as r	egistered agent.	– Fam Jamiliar with a	nd accept the	obligations of the position

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.

Example:

_ Remove

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<u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
<u>Type of Action</u> (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	POT	VANESA E PEREZ	8650 BISCAMNE BLUD
Add Remove			MIDMI, FL 33138
2) Change Add Remove	PDr	Donatella Scionio	<u>8650 Brocagne Blud</u> . Missue, A. 33/38
3) Change Add Remove			
4) Change Add			
Remove 5) Change Add		<u> </u>	
6) Remove			

E.	If amending or adding additional Arti	cles, enter change(s) here:
	(Attach additional sheets, if necessary).	(Be specific)

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F. <u>If an amendment provides for an exchange, reclassification, or cancellation of issued shares,</u> provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wil	I 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 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 12/10/2019	
Signature Addit	
(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)	
DANCEM REYES	
(Typed or printed name of person signing)	<u> </u>
VP/Keicetoman.	
(Title of person signing)	
v	

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