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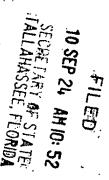
(Requestor's Name)		
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Special Instructions to Filing Officer:		
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TROPICE	IL FLOORZ, INC.			
DOCUMENT NUMBER: P1000	076639			
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter	to the following:			
	ontact Person			
TROPICAL FL	OORZ, INC.			
395 New FOU	TNO HARBOR DR.			
MFRRITT ISC. City/State	AND FC 32952			
E-mail address: (to be used for future	re annual report notification)			
For further information concerning this matter, please of	all:			
Name of Contact Person at	(32/) 636-3866 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
Certificate of Status	Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Amendment Section An Division of Corporations Div P.O. Box 6327 Cli	reet Address nendment Section vision of Corporations fton Building 61 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TROPICAL F	COORZ, IN	JC.	
(Name of Corporation as curr	ently filed with the Florid	a Dept. of State)	
P100000=			
(Document Nun	nber of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this F	lorida Profit Corporation	adopts the following
A. If amending name, enter the new name of	f the corporation:		
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	designation "Corp," "Inc	c," or "Co". A profession	
B. Enter new principal office address, if app	dicable:	,	SE SE
(Principal office address MUST BE A STREE			OSE Al
	 ,		FII P 24 IASS
			AH AH
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)			AHIO: 52 8F STATE FLORIDA
D. If amending the registered agent and/or new registered agent and/or the new regis		n Florida, enter the name	of the
Name of New Registered Agent:	***		
New Registered Office Address:	(Florida street d	address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered as	ng Registered Agent: ngent. I am familiar with a	and accept the obligations o	of the position.
<u> </u>	Signature of New Registere	d 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP_	JUSTIN M. FASSL	395 NEWFOUND HAKBOR DRIVE MERRITT, FSCAND, A.	Add Remove
	•		☐ Add ☐ Remove
			
	ding or adding additional Articles, enter additional sheets, if necessary). (Be speci		
provis	mendment provides for an exchange, recions for implementing the amendment if not applicable, indicate N/A)		
			

The date of each amendment(s)) adoption: <u>4/22/10</u>
Effective date <u>if applicable</u> :	(date of adoption is required)
	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	
(1	voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	7/22/16
Signature	- In the hope
Bya	director, president or other officer - If directors or officers have not been
	ed, by an incorporator — if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
•	(Title of person signing)