P11000083187

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C. GOLDEN AUG 31 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	N: MIAMI TROPICA	AL HOME CORPORATIO	N
	1000083187		
The enclosed Articles of Ame	ndment and fee are su	bmitted for filing.	
Please return all corresponden	ce concerning this ma	tter to the following:	
INES A	A. ТОМЕ		
		Name of Contact Person	1
		Firm/ Company	
3830 S	W 125 AV		
		Address	<u> </u>
MIAM	I, FL 33175		
		City/ State and Zip Code	e e
E-For further information concertal LAVARDA21@OUTLOOK.	ming this matter, pleas	786	notification)
Name of Conta		at () de & Daytime Telephone Number
Enclosed is a check for the fol			•
	843.75 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

MIAMI TROPICAL HOME CORPORATION

2017 AUG 28 PM 4: 03

MIAMIT TROPICAL HOME CORPORATION	1011 HOD EO 111 41 93
(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
p11000083187	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the ts Articles of Incorporation:	is Florida Profit 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 word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered." "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
,	
 If amending the registered agent and/or registered office agent and/or the new registered office addresses 	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	nt:
hereby accept the appointment as registered agent. I am familia	
Signature of Vin	e 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: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>Y</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	<u>s</u>		INES A. TOME	3830 SW 125 AV.
Add				MIAMI, FL 33175
X Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				,
Remove				
5) Change		_		
Add				
Remove				-
6) Change		_		
Add				
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, proxisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/4)	Attach additional sheets, if necessar	Articles, enter change(s) here: ry). (Be specific)
provisions for implementing the amendment if not contained in the amendment itself:		
provisions for implementing the amendment if not contained in the amendment itself:		
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provisions for implementing the amendment if not contained in the amendment itself:	If an amandment provides for an	exchange reclassification or cancellation of issued charge
	provisions for implementing the :	amendment if not contained in the amendment itself:
	· · · · · · · · · · · · · · · · · · ·	
		

	AUGUST 21, 2017	
The date of each amendment(s date this document was signed.) adoption:	, if other than the
	AUGUST 21, 2017	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this data Department of State's records.	e will not be listed as the
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):	nt
	rast for the amendment(s) was/were sufficient for approval	
bySHAREHOLDERS	(voting group)	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
□ The amendment(s) was/were action was not required.□ The amendment(s) was/were	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	:
action was not required.		
AUGU: Dated	ST 21, 2017	
Signature	a director, president or other officer – if directors or officers have not been	
sele	a director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	HECTOR CUAN GIL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	