

**P15000070891**

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
SUN TROPEZ CORP.**

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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Sun Tropez Corp.

DOCUMENT NUMBER: P 15000070891

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

Please return all correspondence concerning this matter to the following:

Sheldon Evans, Attorney  
(Name of Contact Person)

Sheldon Evans, P.A.  
(Firm/Company)

3074 Lakewood Circle  
(Address)

Weston, Florida 33332  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Sheldon Evans  
(Name of Contact Person)

at (954) 349-3102  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$35 Filing Fee	\$543.75 Filing Fee & Certificate of Status	\$543.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$552.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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Mailing Address  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address 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

Sun Tropez Corp.

(Name of corporation as currently filed with the Florida Dept. of State)

P 15000070891

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment( s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

No Change

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.,") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

Article: Article VI Board Of Directors : DELETE Rafael Chaba Kalach H. (resigned)  
DELETE Ivonne R. de Chaba Kalach (resigned)

The remaining (unchanged) Directors are:

Jose Chaba Kalach R.  
Rafael Chaba Kalach Costi

Article VIII Officers : DELETE Rafael Chaba Kalach H. Vice Pres. / Secretary (resigned)  
DELETE Ivonne R. de Chaba Kalach Secretary (resigned)

The remaining Officers are:

Jose Chaba Kalach R. as President, Secretary & Treasurer  
Rafael Chaba Kalach Costi, as Secretary  
Sheldon Evans, Attorney as Assistant Secretary

Address for each above: c/o Sheldon Evans, P. A.

3074 Lakewood Circle, Weston FL 33332

(Attach additional pages if necessary)

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

(continued)

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The date of each amendment(s) adoption:

September 10, 2015

Effective date if applicable: September 10, 2015  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were approved 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 appointed fiduciary by that fiduciary)

Jose Chaba Kalach R.

(Typed or printed name of person signing)

President/Director

(Title of person signing)

FILING FEE: \$35

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