## P16000007841

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: TU PAIS TROPIC	EAL INC			
DOCUMENT NUMBE	ER: P16000007841				
The enclosed Articles of	(Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the followi	ng:		
A	RLEEN DAVILA				
_		Name of Conta	act Person		
Λ	DV ACCOUNTING & TA	X SERVICES LL	.C		
_	Firm/ Company				
1	2701 S JOHN YOUNG PKV	WY STE 215			
_		Addre	SS		
C	RLANDO FL 32837				
_		City/ State and	l Zip Code		
a	rleendavila@gmail.com				
_	E-mail address: (to be us	sed for future annu	ual report	notification)	
For further information	concerning this matter, pleas				
ARLEEN DAVILA		at (	407	_) 641-0810	
Name of	Contact Person		Area Cod	le & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Flo	orida Depa	rtment of State:	
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Certified Cop (Additional co- enclosed)	- ny	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amen Divisi P.O. F	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314		Amenda Division The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303	

## Articles of Amendment

to

## Articles of Incorporation

of

TU PAIS TROPICAL INC

(Name of Corporation as current)	y filed with the Florida Dept. of State)
P16000007841	
(Document Number o	f Corporation (if known) -
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "a "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(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)	
D. If amending the registered agent and/or registered office address	
new registered agent and/or the new registered office address	<u>i</u>
Name of New Registered Agent	
(Florida str	vet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v	
Theretay accept the approximation and regulation against a surface of the second	, , , , , , , , , , , , , , , ,
Signature of New R	egistered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	PT	<u>John Do</u>	<u>e</u>	
X Remove	$\underline{Y}$	Mike Jo	ne <u>s</u>	
X Add	<u>SV</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	VP	_	PERALTA, EDWIN A	1333 S PRAIRIE CIR
X Add				DELTONA FL 32725
Remove				
2) Change		_		
Add				
Remove 3) Change		<u>-</u>		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_	·	<del></del>
Add				
Remove				
6) Change				
Add	-	_		
Remove				

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
	·	
		·
		<del></del>
(6		
provisions for implementing the ame	nange, reclassification, or cancellation of issued share adment if not contained in the amendment itself:	: <u>3.</u>
(if not applicable, indicate N/A)		

JULY, 7TH 2022 The date of each amendment(s) adoption: \_\_\_ and a control to if other than the date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will 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 incorporators, or board of directors without shareholder action and shareholder action was not required. ■ 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 (voting group) 07/07/2022 Dated 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) FAUSTO FERMIN FERNANDEZ (Typed or printed name of person signing) PRESIDENT (Title of person signing)