P16000052353

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SECRETARY OF STATES
SILVISION OF CORPORATIONS
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COVER LETTER

Division of Corporations NAME OF CORPORATION: Triple A Exotic Brokers Inc. DOCUMENT NUMBER: 1/16000052353 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: A Exotic Brokers
Firm/Company 2041 SW 70 Avenue For further information concerning this matter, please call: Sara at (754) 246 - 8059 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

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
Tallahassec, FL 32301

FREO SECRETARY OF STATE DIVISION OF CORFORATIONS

Articles of Amendment to · Articles of Incorporation of

2817 APR 21 PH 1: 15

Triple A Exotic Brokers	The filed with the Florida Dept. of State)
Triple A Exotic Brokers (Name of Corporation as currently P16000052-353	filed with the Florida Dept. of State)
P16000052353	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida 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, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	" "company," or "incorporated" or the a breviation or. A professional corporation name must contain the
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)	
,	A
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	et 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 w	ith and accept the obligations of the position.
	•
Signature of New Ri	egistered 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)

Remove

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	PT	John D	<u>loe</u>			
X Remove	$\underline{\mathbf{V}}$	Mike J	ones			
X Add	<u>sv</u>	Sally S	<u>mith</u>	•		
Type of Action (Check One)	Title		<u>Name</u>		Address	
1) Change Add Remove	V	•	hobert Gauc	dio	2041 SW 70 Ave D Davie FL 33317	バフ
2) Change Add						
Remove 3) Change Add	APPARA DE LA CALLANDA					
Remove 4) Change Add	***************************************	makan.		******		
Remove 5) Change						
Add	**************************************	-				
6) Change Add		and the same of th				

tach <i>additio</i>	er adding additional Ar and sheets, if necessary).	(Be specific)	-		
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rovisions fo	nent provides for an exor implementing the an opticable, indicate N/A)	change, reclassific lendment if not co	cation, or cancella ontained in the am	tion of issued share endment itself:	<u>es.</u>
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The date of each aniendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 4/17/2017	
(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 document's effective date on the Department of State's records.	will not be listed as the
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 4/17/2017	
Signature Soci Palmo (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)	
Sara Palmer . (Typed or printed name of person signing)	
President (Title of person signing)	