

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
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(Bu	isiness Entity Nar	me)
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C. GOLDEN DEC 1 5 2017,

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA	ATION: LAW!	25L TRAIL	· DEUSLOPMENT CORP.
DOCUMENT NUMBE	DIL	0000 8962	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
_	ERIC	SCHIFF	ERCI
_	LAURE	Name of Contact Person L TRAIL Firm/ Company	PROPERTIES INC
_	321	PALM TI	2HZL
_	DELRA	Address Y BEACH City/ State and Zin Code	FL 33483
For further information		(KDEUCO. Good for future annual report	
	•		224-5500
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 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)
Amen Divisi	ng Address dment Section on of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

~	r
431	

LAUREL	TRAIL	DEUELOPMEN.	r CORF
		iled with the Florida Dept. of State)	
P 160	20008962	4	
	(Document Number of C		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this Fl	orida Profit Corporation adopts the following	lowing amendment(s)
A. If amending name, enter the new name	of the corporation:		
		RTIES INC.	The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	the word "corporation," on "Corp," "Inc," or "Co	"company," or "incorporated" or i ". A professional corporation name i	the abbreviation
B. Enter new principal office address, if a (Principal office address MUST BE A STRI			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OF)		N/A	
D. If amending the registered agent and/o new registered agent and/or the new re		s in Florida, enter the name of the	
Name of New Registered Agent	N/FI		
	(Florida street	address)	
New Registered Office Address:		, Florida	
	(C	ity)	(Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registered		h and accept the obligations of the posi	tion.
	N/A	F./*	_
	Signature of New Reg	istered Agent, if changing	2017

to

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 Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		<i>N/#</i>	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

r <u>11 amendir</u> (Attach <i>add</i>	ng or adding additional Articles, enter of litional sheets, if necessary). (Be specif	: <u>nange(s) nere</u> : ic)		
	<i>N</i> / R			
•			0	
				
' If an amon	ndment provides for an exchange, recla	ccification or concellet	ion of import shapes	
provision	s for implementing the amendment if n	ot contained in the am	endment itself:	
/ . 1	A			
	Napplicable, indicate N/A) N/A			
	<i>,</i> .			

Ph - 1-4 0 1 1 4(-) - 1 4'	12	/////	اله اله Al- ع؛
Fhe date of each amendment(s) adoption: _ late this document was signed.		/ // / /	, if other than the
	/2	111/17	
Effective date if applicable:	(no more than 00	days after amendment file date	<u> </u>
	(no more than 90	aays after amenament fite date,	1
Note: If the date inserted in this block does document's effective date on the Department of		ble statutory filing requirement	s, this date will not be listed as th
Adoption of Amendment(s) (C	HECK ONE)		
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The r r approval.	number of votes cast for the amo	endment(s)
☐ The amendment(s) was/were approved by t must be separately provided for each voting			
"The number of votes cast for the am	endment(s) was/were	sufficient for approval	
by	oting group)	,,, 	
(V	oting group)		
☐ The amendment(s) was/were adopted by th action was not required.	e board of directors w	vithout shareholder action and s	hareholder
☐ The amendment(s) was/were adopted by th action was not required.	e incorporators witho	ut shareholder action and share	holder
Dated	11/17		
Signature			
		r - if directors or officers have	
	corporator – if in the a ary by that fiduciary)	hands of a receiver, trustee, or o	other court
• •	• •	1. SCHIFFE	RCI
		ame of person signing)	, , =
	00-1-1	(A)	
•	PRISTA	1211	

(Title of person signing)