## P170000/4521

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(Add	ress)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Pur	atropolis Inc
DOCUMENT NUMBER: P170000	
The enclosed Articles of Amendmen	t and fee are submitted for filing.
Please return all correspondence con	cerning this matter to the following:
Joseph A. Spi	riti Jr
	Name of Contact Person
Caserta & Spi	riti
	Firm/ Company
7855 NW 12s	t
	Address
Doral, FL 331	26
	City/ State and Zip Code
info@csgfirm.com	
	dress: (to be used for future annual report notification)
	( Sport nounces)
For further information concerning the	is matter, please call:
Joseph A. Spiriti Jr	at (305 ) 463-8808
Name of Contact Pers	on Area Code & Daytime Telephone Number
Enclosed is a check for the following	amount made payable to the Florida Department of State:
	Filing Fee &  ate of Status  Certified Copy (Additional copy is enclosed)  Status  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Sectio Division of Corpor P.O. Box 6327 Tallahassee, FL 32	ations Division of Corporations Clifton Building

## Articles of Amendment to Articles of Incorporation of

Puntropolis Inc		•		
(Name of Corporation as curre	ently filed with the Florida	Dept. of State)		
P17000014521				
(Document Number	er of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, that its Articles of Incorporation:	his <i>Florida Profit Corporatio</i>	on adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:	1			
		The new		
name must be distinguishable and contain the word "corpord "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviation	or "Co". A professional con	orporated" or the abbreviation		
B. Enter new principal office address, if applicable:	1314 E Las Olas Blvd	1314 E Las Olas Blvd #407		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Ft. Lauderdale, FL 33	301		
	•			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1314 E Las Olas Blvd	#407		
	Ft. Lauderdale, FL 333	301		
•				
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr		name of the		
·				
	street address)			
New Registered Office Address: 1314 E Las Olas Blvd #		, Florida 33301		
•	(City)	(Zip Code)		
	•			
New Registered Agent's Signature, if changing Registered Age				
I hereby accept the appointment as registered agent. I am familia	•	2017		
Signature of New	w Registered Agent, if changi	ng $\equiv$		
	•			
		E W		

## 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>	<u>Name</u>		Address
1) Change			<del></del>	
Add				
Remove				
2) Change				
, Remove				
3.) Change	<del></del>	<u> </u>	<del></del>	
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Remove				
4) Change		· 		
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Remove				
5) Change			<u>-</u>	
Add				
Remove				
6) Change			<del></del>	
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Remove				

(Attach additional sheets, if n	iecessary). (Be specific,	)		
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. If an amendment provides	for an avahance medaca	ification or conceller	tion of iccurd charge	
provisions for implementi	ng the amendment if not	contained in the am	endment itself:	
(if not applicable, indic	cate N/A)			
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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the De	plock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement 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	
ன் by	**	
•	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 2/3	4/2017	
Signature		
(By a diselecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)	
ı · · · ·	David Pun .	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<del></del>