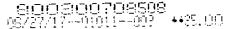
P17000044722

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: Dry Florida Inc.				
DOCUMENT NUM	BER: P17(NXX)-14722				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	Cynthia Rodas				
	Name of Contact Person				
	Dry Florida Inc.				
		Firm/ Company			
	5846 S. Flamingo Rd. #160				
		Address			
	Cooper City, FL 33330				
		City/ State and Zip Cod	e		
deset	loridaine@gmail.com				
<u> </u>	-	sed for future annual report	notification)		
	13 man address, (to be a	ica for fattire timatar report	notearlon,		
For further informati	on concerning this matter, pleas	se call:	:		
Cynthia M. Rodas		954 at (8019319	ji N	
Name of Contact Person		at (954) 8019319 Area Code & Daytime Telephone Number		1	
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment of State:	C. 27 PT F H	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	· 	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Dry Florida, Inc.			
(<u>Name</u>	of Corporation as curren	lly filed with the Florida Dept. of State)	
P17(000044722			
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the follow	ring amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
	uation "Corp," "Inc," or	on," "company," or "incorporated" or the "Co". A professional corporation name mu. "P.A."	abbreviation
R Enter new principal office address	if applicable	5040 SW 117th Way	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		Cooper City, FL 33330	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5846 S. Flamingo Rd. #160	
		Cooper City, FL 33330	
		-	
D. If amending the registered agent ar new registered agent and/or the ne			27
	Mike Cruz	<u></u>	<u> </u>
Name of New Registered Agent			
	5040 SW 117th Way		
	(Florida street address) Cooper City, 33330		-
New Registered Office Address:	Cooper City	Florida	ip Code)
		(Cay)	y Code)
New Registered Agent's Signature, if c			
I hereby accept the appointment as regis.	tered agem. – Lam familiar	with and accept the obligations of the position	и.
\wedge	Win A	1100	
\mathcal{C}	MAMMAKOO	as /	
	Signature of New	Registered Agent, if changing	_
)	Mikedruz	

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	PT Joh	nn <u>Doe</u>	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	Hy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I)Change	V	Mike Cruz	5040 SW 117th Way
X Add			Cooper City, FL 33330
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Add Remove			
Kemove			

	-
	 _
If an amendment provides for an 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)	
Synthia Rodas, the President of Dry Florida, Inc. will go from having 100 shares, to 51. The additional	49 shares will be
ssigned to Mike Cruz, the new Vice President of Dry Florida, Inc.	

06/23/2017	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
06/23/2017	
Effective date <u>if applicable:</u> (no more than 90 days after amendment file de	ate)
Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the a by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amenda	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action an action was not required.	d shareholder
■ The amendment(s) was/were adopted by the incorporators without shareholder action and sha action was not required.	ıreholder
06/23/2017 Dated	
Signature Character, president or other officer – if directors or officers ha	vo not been
selected, by an incorporator – if in the hands of a receiver, trustee, of appointed fiduciary by that fiduciary)	
Cynthia Rodas	
(Typed or printed name of person signing)	
President	
(Title of person signing)	