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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Flor 2s Profesty Approximate Inc. DOCUMENT NUMBER: P17 0008 5425 The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Florida Property Applairs Enc Firm Company 3900 SUP Fred Cross, rg Dr HAT 1314 Address Address City/ State and Zip Code 9910 Sep On Company E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anthony Morket at (94) 295-4434 Name of Contact Person 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
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to

Articles	υf	Incorporatio
Crucies	υı	incorporatio

Articles of Incor of	poration
Florids Property AD	PLADES IN.
(Name of Corporation as currently	filed with the Florida Dept. of State)
P17000856	2 5
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida 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 "P.	". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	Some
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	- Come
	7
	17
D. If amending the registered agent and/or registered office address	s in Florida, enter the name of the
new registered agent and/or the new registered office address:	10
Name of New Registered Agent Anglow M	orell
3900 losse (Florida street	freeDa rossing Dr Ju fi 3 2003
New Registered Office Address:	, Florida
10	Tity) (Zip Code)
N. B. C. L. M. W. L. L. M. D. L.	
New Registered Agent's Signature, if chapging Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
An though W	Jul 1
Signature of New Res	gistered 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)

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	·	John Doe	NAME	75 Anthony Morell NOT Salvature
X Remove	<u>v</u> <u>1</u>	Mike Jones		NOT SALMERE
_X Add	<u>sv</u> <u>s</u>	Sally Smith		
Type of Action (Check One)	Title	Name		Address
1) L Ch ange	DIC	Anthon	Morell	3900 Oyo Freso Crash
/ Add	PJ			APT 1314
Remove				Opelsonile, p. 32223
2) Change	<u>16</u>	Salval	on Morly	3400-000 Fred crowing or
Add				int BIY DA
Remove				DH PL 32113
3)Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		-		
Add				
Remove				

Attach additic	or adding additional in mal sheets, if necessar	y). (Be specific)			
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an amendn	nent provides for an e or implementing the a	exchange, reclassi	fication, or cance	llation of issued sh	nares,
(if not a	pplicable, indicate N/A)	contained in the a	menument usen;	
	-				
					- ·
					

The date of each amendment(s) adoption: = date this document was signed.	Dec-21-	2017	· · · · · · · · · · · · · · · · · · ·	if other than the
Effective date <u>if applicable</u> :	more than 90 days o	1 2017	- data)	
(ne	more man 90 aays e	yter amenament ju	e aare)	
Note: If the date inserted in this block does not medocument's effective date on the Department of State		ntutory filing requi	rements, this date will no	ot be listed as the
Adoption of Amendment(s) (CHECI	K <u>ONE</u>)			
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro		r of votes cast for t	he amendment(s)	
☐ The amendment(s) was/were approved by the sha must be separately provided for each voting grow				
"The number of votes cast for the amendment	ent(s) was/were suffic	ient for approval		
, by				
(yoting)	group)			
The amendment(s) was/were adopted by the boar action was not required.	d of directors withou	t shareholder action	and shareholder	
☐ The amendment(s) was/were adopted by the inco action was not required.	rporators without sha	reholder action and	shareholder	
Signature (By a director, president selected, by an incorpor appointed fiduciary by	rator - if in the hands			
A	thony of or printed name of	norevi	·	
(Тур	ed or printed name of	f person signing)		
	Jes. de	San siunina)		
	(The of perse	n signing)		
		Ress	K ADD L+ ID	
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