Division of Contorations lofi Florida Department of State **Division of Corporations Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover shect. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H18000231730 3))) H180002317303ABCZ Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. 2018 AUG = 3 Ic: Division of Corporations FILED Fax Number : (850) 617-6380 From: Account Name : FASTKIT CORP. Account Number : I2010000009 Fhone : (305)599-0839 Fax Number : (303)592-9591 0710 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: COR AMND/RESTATE/CORRECT OR O/D RESIGN **TROPEZON LIMENO CORP** Certificate of Status 0 1 AUG -8 PM 4: 1 Certified Copy Û RECEIVED Page Count 04 Estimated Charge \$35.00 AUG 0 9 2018 ALBRITTON œ < Electronic Filing Menu Corporate Filing Menu Help

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		Articles of	Amendment	SECon 3	
		tiones of		ALLANDA MA	
		Articles of Ir	- corporation	SSE 45 C	04
TROPEZON	LIMENO CORP	0	ſ	- C. F. STA	1
				- (A)	Ì.
DIPODOCCO	(Nam	ne of Corporation as current	ly filed with the Florida	Dept. of Smin)	
P1800006513				Sopr Vi State	
		(Document Number of	f Corporation (if known)		_
Pursuant to the	 		Cosporation (It Known)		
its Articles of L	ncorporation:	17.1006, Florida Statutes, this	Florida Profit Corporati	on adopts the following amendment(s)	
				pro the tand thing amendment(s)	to
A. Il amendin	ename, enter the new	name of the cornoration:			
name must be	distinguishable and co	oniain the word "cornoration	P Paraman P As	The new orporated" or the abbreviation	
"Corp.," "Inc.,	or Co.," or the desig	mation "Corp," "Inc," or "	Co". A professional co	orporated" or the abbreviation poration name must contain the	
nora chartere	projessional associ	iadon." or the abbreviation "	Р.Л."	portation name must contain the	
B. Enter new r	incipal office address	if applicable:			
(Principal office	address MUST BE A	STREET ADDRESS	·····		
C 8					
(Mailing add	nailing address, if ann coss <u>MAY BE A POST</u>	licable:			
	133 <u>MAI BE / FOST</u>	OFFICE BOX	·····		
D. If amending	the registered agent ar	nd/or registered office addre	s in Florida, enter the -		
new register	d agent and/or the ne	W registered affice address:	the the second struct the	saine of the	
Name of	New Registered Agent	JESUS S MONTEVERDE	ROMERO		
		6768 SW 22ND STREET			
		(Florida stree,	(address)		
<u>New Rep</u>	stered Office Address:	MIAM		, Florida 33155	
		(C	ity)	(Zip Code)	
New Registered	mont's Simony				
I hereby accept the	appointment as registe	Panging Registered Agent: Prodagent. I am familiar with			
		P	i una accept the obligatio	ins of the position.	
		F.			
	1 th	Τ.			
		Signature of New Regi	stered Agent, If changing		
		- - - - - - - - - - -			
		Page 1 of	l		
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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and (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 = Trustec; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officar/director holds more than one title, itst the first latter 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 Vones 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 Solly Smith, SV as on Add. Example:

X Change	PŢ	Johr Doe		
X Remove	Σ	Mike Jones		
<u> </u>	<u>5V</u>	Sally Smith		
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	Address	
1) X Change	Р	JESUS S MONTEVERDE ROMERO	6768 SW 22ND STREET	
Add			MIAMI, FL. 33155	
Remove				
2) Change				
Add				
Remove				
3) Change		······		
Add				
Remove				
4) Change				
4) Change				
Add				
Kemove				
ມ Change	<u> </u>			
Add				
Remove				
0 0				
6) Change				
Add				
Remove				
		Page 2 of 4		

	te or adding additional Articles, enter change(s) here: lional sheets, if necessary). (Be specific) the name and address of the incorporator is:
	NTEVERDE ROMERO
6758 SW 227	
MIAMI, FL 3	
<u> </u>	
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F. If an amondment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amondment if not contained in the amondment itself: (if not applicable, indicate N/A)

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	1
	AUGUST 7 2018
The date of ea date this docum	ch amendment(s) adoption:, if other than the
Effective date	l annieshler
	(no more than 90 days after amendment file date)
Note: If the di document's effe	the inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the statutory filing requirements, this date will not be listed as the
Adoption of A	
The amendur by the share	cont(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) control of approval.
The amendm must be sepa	ent(s) was/were approved by the shareholders through voting groups. The following statement watch provided for each voting group entitled to vote separately on the amendment(s):
"The ni	mber of votes cast for the amendment(s) was/were sufficient for approval
by	
	(voling group)
action was no	nt(s) was/were adopted by the board of directors without shareholder action and shareholder required.
The amendme action was not	nt(s) was/were adopted by the incorporators without shareholder action and shareholder required.
	AUGUST 7 2018
	Signature
	(By a director, president or other officer - if diaments -
	selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	JESUS SANTIAGO MONTEVERDE ROMERO
	(Typed or printed name of person signing)
	INCORPORATOR
	(Title of person signing)
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