# P19000032753

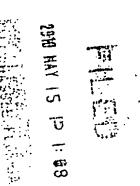
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#### COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: SHOPPES AT SOUTHERN PALMS, CORP. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALEX D. SIRULNIK Name of Contact Person ALEX D. SIRULNIK, P.A. Firm/ Company 2199 PONCE DE LEON BOULEVARD, SUITE 301 Address CORAL GABLES, FL 33134 City/ State and Zip Code ADS@SIRULNIKLAW.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALEX D. SIRULNIK Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee ■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

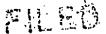
## Articles of Amendment

to

## Articles of Incorporation

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#### SHOPPES AT SOUTHERN PALMS, CORP.



SHOTTES AT SOOTHERINT MEMO, CORT.		
(Name of Corporation as	currently filed with the Florida De	
P19000032753		2個 11 15 円 1: 6
(Document N	umber of Corporation (if known)	- 01 785YA ( 1753
Pursuant to the provisions of section 607,1006, Florida Statuits Articles of Incorporation:	   tes. this <i>Florida Profit Corporation</i> 	adopts the following amendmen
A. If amending name, enter the new name of the corpora	 <u> tion:</u>	
		The new
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	i¢," or "Co". A professional corp	rporated" or the abbreviation
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>S</u> i)	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		<del></del>
D. If amending the registered agent and/or registered of	Figs address in Florida, enter the n	same of the
new registered agent and/or the new registered office	address:	
Name of New Registered Agent		
Name of New Registered Agent		
	T <b>o</b> rida street address)	
New Registered Office Address:	(City)	, Florida (Zip Code)
	10.11.7	(
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligate 	ions of the position.
Signature	of New Registered Agent, if changir	ng

Executive Officer; CFO = held. President, Treasurer Changes should be noted	nd/or Di if necessa ector title President, Chief F Directo in the fol wes the co	irector beinary)  s by the fir  T= Treas  Tinancial Commonly  Towns many  Town	ing added:  st letter of the operations surer: S= Secret Officer. If an of e PTD. inner. Currently Sally Smith is	tary: D= Director: T ficer/director holds t John Doe is listed t	more tha as the PS	stee; C = Chairman or Clerk; CEO = Chief in one title, list the first letter of each office T and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change.
X Change	<u>PT</u>	John Doe	<u> </u>			
X Remove	<u>V</u>	Mike Jon	<u>ies</u>			
<u>X</u> Add	<u>SV</u>	Sally <u>Şm</u>	<u>ith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			<u>Addres</u> s
l) Change		_				
Add						<del> </del>
Remove						
2) Change		_				
Add						<del></del>
Remove						
3) Change		_		<u> </u>		
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change		_			_	
Add						
Remove						
6) Change		_			_	
Add						

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

\_\_\_\_ Remove

The date of each amendment(s) adoption:	, if other than the		
date this document was signed.			
Effective date <u>if applicable</u> :			
(no moi	re than 90 days after amendment file date)		
<b>Note:</b> If the date inserted in this block does not meet t document's effective date on the Department of State's re	he applicable statutory filing requirements, this date will not be listed as the ecords.		
Adoption of Amendment(s) (CHECK OF	<u>se</u> )		
☐ The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)		
☐ The amendment(s) was/were approved by the shareho must be separately provided for each voting group er			
"The number of votes east for the amendment(s)	was/were sufficient for approval		
by			
(voting group	p)		
☐ The amendment(s) was/were adopted by the board of action was not required.	directors without shareholder action and shareholder		
The amendment(s) was/were adopted by the incorpora action was not required.	ntors without shareholder action and shareholder		
5/13/19 Dated			
4			
Signature (Run disagram president or or	other officer – if directors or officers have not been		
selected, by an incorporator appointed fiduciary by that the	- if in the hands of a receiver, trustee, or other court		
Alex D. Sirulnik			
(Typed o	r printed name of person signing)		
Incorporator			
<del></del>	(Title of person signing)		