P19000045486

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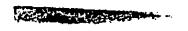
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	TROICAL GABL	ES MOTEL. INC			
DOCUMENT NUMBER: _	P19000045486				
The enclosed Articles of Amer	ndment and fee are su	ibmitted for filing.			
Please return all corresponden	ce concerning this ma	tter to the followir	រតិ:		
		ROBERT W. KID	D. CPA		
	Name of Contact Person				
	SEABREEZE :	BOOKKEEPING	& TAX S	SERVICE, LLC	
		Firm/ Con	npany		
	682 S YONGE ST				
	Address				
	ORMOND BEACH, FL 32174				
		City/ State and	Zip Cod	e	
	ST	ACY.SBTS@CFL	RR.CO	M	
E-1	mail address: (to be u	sed for future annu	al report	notification)	
For further information concer	ning this matter, pleas	se call:			
ROBERT W. KIDD, CPA		at (386	de & Daytime Telephone Number	
Name of Conta	ct Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for the fol	lowing amount made	payable to the Flor	ida Depa	artment of State:	
	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional ed enclosed)	y	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327			Amend	Address Iment Section	
				on of Corporations Building	
Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TROICAL GABLES MOTEL, INC

(Name of Corporation as currently f	filed with the Florida Dept. of State)
P19000045486	
(Document Number of C	Torporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	<i>lorida Profit Corporation</i> adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
TROPICAL GABLES MOTE	EL, INC 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.,	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: N/A	
C. Enter new mailing address, if applicable: N/A- (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the W/A
Name of New Registered Agent	
tFlorida street	t address)
New Registered Office Address:	Florida (Florida)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar with	th and accept the obligations of the position.
Signature of New Reg	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	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change		_	
Add			·
Remove			
4) Change		_	19 FALL
Add			NO CONTRACTOR OF THE CONTRACTO
Remove			\$\$\frac{\fin}}}}}{\frac{\fir}}}}}{\firac{\firac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}}}{\frac{\f{\fra
5) Change		_	LI APASSES TLORID.
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
	<u></u>		
	11. Eg	19	
F. 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)	N/A M	19 JUN 17	-
	(5) 25 (5) 27 (7) 47		
		23 K.J	
		96	

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 6/1/19-	
Signature (By a director, president by other officer -/if directors or officers have not been	_
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	≥
11. TONG JAMARS	
(Typed or printed name of person signing)	
$\mathcal{P}_{\mathbf{k}}$	H7
URESIDENI	
(Title of person signing)	
	6 A