P190000 89661

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
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(Bu	siness Entity Nam	e)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	The Proper
DOCUMENT NUMBER: P19000089	661
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Luc.f	Anthony Salomon Name of Contact Person
Tou	r The People Firm/ Company
	Firm/ Company
1187 SW	Tuanhoe St Address
· ·	Port St Lucie FL 38:34983
	City/ State and Zip Code
lucsi	ed for future annual report notification)
E-mail address: (to be us	ed for future annMal report notification)
Park Carlo and Caracation are a major this matter where	onlle
For further information concerning this matter, pleas	e can.
Luc-Anthony Salomon	at (954) 756 - 3374 Area Code & Daytime Telephone Number
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:
/	
S35 Filing Fee □ S43.75 Filing Fee &	□\$43.75 Filing Fee & □\$52.50 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
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

of

Four The F	<u>eople</u>	
. (Name of Corporation as c	rrently filed with t	he Florida Dept. of State)
P190008966	1	
(Document Nu	nber of Corporation	(if known)
Pursuant to the provisions of section 607.1006. Florida Statut its Articles of Incorporation:	s, this <i>Florida Prof</i>	it Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpora	ion:	
		The new
name must be distinguishable and contain the word "corporate "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation	lo : A professione	""incorporated" or the abbreviation "Corp.," al corporation name must contain the word
		N/A
B. Enter new principal office address, if applicable: (Principal office address MUST RE A STREET ADDRESS		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	ice address in Flori address:	N/A ida, enter the name of the
Name of New Registered Agent		
		
(F	orida street address)	
New Registered Office Address:	N/A (Civ)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am	d Agent: imiliar with and acc	
Signature	J New Kegistered Ag	gem, y cnangmy
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0	20 (11) (e), F.S.	

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 = ChiefExecutive 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.

X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) <u>K</u> Change	VP JEAN JOSEPH, CLAUDE HEARY, Mr	
Add		DENSEN BEACH, FL 34957
Remove		
2) Change	<i>N/</i> A	
Add		
Remove 3) Change	N/A	
Add		
Remove		
4) Change	N/A	
Add		
Remove		
5) Change	N/A	
Add		
Remove		
6) Change	<i>N/</i> A	
Add		
Remove		

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n amendment provides fo	r an exchange, recl	assification, or ca	ncellation of issue	d shar <u>es,</u>	
ovisions for implementing	the amendment if	not contained in t	<u>he amendment its</u>	<u>elf:</u>	
(if not applicable, indicat					
	<i>N</i> /A	L			
.					
					
					

The date of each amendment(s) adoption:	N/A	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :	NIA (no more than 90 days after amendm	Gl. J.tru
	(no more than 90 days after amenam	em pre date)
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by t action was not required.	he incorporators, or board of directors wi	thout shareholder action and shareholder
☐ The amendment(s) was/were adopted by t by the shareholders was/were sufficient f	he shareholders. The number of votes can or approval.	st for the amendment(s)
□ The amendment(s) was/were approved by must be separately provided for each vot	the shareholders through voting groups, ing group entitled to vote separately on th	The following statement see amendment(s):
"The number of votes cast for the ar	mendment(s) was/were sufficient for appr	oval
by	N/A voting group)	
(voting group)	
5 las / 22	r)	
Dated5/22/20		
Signature		
(By a director; p	resident or other officer – if directors or on ncorporator – if in the hands of a receiver	officers have not been trustee, or other court
	ary by that fiduciary)	
	uc-Anthony Salomon	
	Cyped or printed name of person sign	ing)
\mathcal{G}	resident	
	(Title of person signing)	