Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000256087 3)))



H210002560873ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	To:	_, , ,		
		Division of Cor	•	` - -
		Fax Number	: (850)617-6380	
	From:			<u>}</u>
		Account Name	: CORPORATE CREATIONS INTERNATIONAL INC.	(s)
		Account Number	: 110432003053	<u>85</u>
, ,	•	Phone	: (561)694-8107	[7]
•		Fax Number	: (561)214-8442	
) }				<u>.</u> ⊊ ∷
*Ente	r the em	ail address for	r this business entity to be used for future	E3
			Enter only one email address please.**	,4=
]	Email Ad	dress:		
	•			

COR AMND/RESTATE/CORRECT OR O/D RESIGN FL 32 PALM TREE MANAGEMENT INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$43.75

S. PRATHEF

Electronic Filing Menu

Corporate Filing Menu

Help

:71

14154847068

 \Box The amendment(s) is/arc being filed pursuant to s. 607.0120 (11) (e), F.S.

Articles of Amendment Articles of Incorporation

FL 32 PALM TREE MANAGEMENT INC.		دران مرازان
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	L. C.
P21000058864		7
(Document Number	of Corporation (if known)	Light 2.1
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the follow	ring amendm
A. If amending name, enter the new name of the corporation:		
FL32 PALM TREE MANAGEMENT INC.		The nev
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must com	
B. Enter new principal office address, if applicable:	4200 NW 19th Street	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Lauderhill, FL 33313	
C. Carana and an all an address of an all 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 office adenew registered agent and/or the new registered office address		
Name of New Registered Agent		
And the second s		_
(Florida s	reet address)	
New Registered Office Address:	. Florida	
New Regulerea Office Nutress.		ip Code)
New Registered Agent's Signature, if changing Registered Agen! hereby accept the appointment as registered agent. I am familiar	<u>vith and accept the obligations of the position is the position of the position. The position is the position of the position is the position of the position</u>	n.
Signature of New	Registered Agent, if changing	
Check if applicable		

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)

Example:

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.

X Change	<u>PT</u>	John Do	22	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
l) Change		_		<u> </u>
Add				MILE STATE OF THE
Remove				
2) Change				
Add				
Remove 3)Change	 			
Add				
Remove				
4) Change	<u></u>	_		
Add				
Remove				
5) Change			**************************************	
Add				
Remove				
6) Change		_		
Add	—— —			
Remove				

. ,,						·
rovides for an exc lementing the am le, indicate N/A)	change, reclassi endment if not	ification, or contained i	cancellation n the amend	of issued sh ment itself:	ares,	
	lementing the am	ementing the amendment if not	lementing the amendment if not contained i	lementing the amendment if not contained in the amend	lementing the amendment if not contained in the amendment itself:	rovides for an exchange, reclassification, or cancellation of issued shares, lementing the amendment if not contained in the amendment itself: le, indicate N/A)

The date of each amendment(s) add	option:	, if other than the	e
date this document was signed.			
Effective date if applicable:			
	(no more than 90 days after amendment file date)		
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will artment of State's records.	not be listed as the	è
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators, or board of directors without shareholder action and	shareholder	
☐ The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of votes east for the amendment(s) ficient for approval.		
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):		
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	202	
by	(voting group)	気 こ	
	(voting group)	2021 JUL -2 ALLAHASSÉE	
July 1, 2021 Dated		2 PH	į T
Signature /s/ Ala	n Schechter	PH 1:00	
selected.	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	<u>\$</u>	
,	Alan Schechter		
-	(Typed or printed name of person signing)	.	
-	(Title of purpose ringing)		
	(Title of person signing)		