P21000088487

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE NOV 13 2021

Office Use Only



500375723075

10/29/21--01016--011 **52.50

FILED
2021 OCT 29 AM 1: 25

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TWO RIVERS	MASTER DEVELOPMEN	T, INC.		
DOCUMENT NUM	BER:P21000088487				
The enclosed Articles	of Amendment and fee are s	ubmitted for filing.			
Please return all corre	espondence concerning this m	atter to the following:			
	BRIAN ROSE				
		Name of Contact Person	<u> </u>		
	TWO RIVERS MASTER DEVELOPMENT, INC.				
		Firm/ Company			
	111 S. ARMENIA AVE.;	SUITE 201			
		Address			
	TAMPA, FL 33609				
		City/ State and Zip Code			
	brose@eisenhowerpropertygroup.com				
		sed for future annual report	notification)		
For further informatio Brian Rose	n concerning this matter, plea	813	610-3043		
Name o	of Contact Person	at (Area Coo	_)le & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made		•		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Division The Ce	Address nent Section n of Corporations ntre of Tallahassee . Monroe Street, Suite 810		

Tallahassee, FL 32303

FILED

Articles of Amendment to Articles of Incorporation of

2021 OCT 29 AM 1: 25

TWO RIVERS MASTER DEVELOPMENT, INC.

SECRETARY OF STATE

	<u> TATT AHASSEE, F</u>
ed with the Florida Dept. of S	tate)
37	
rporation (if known)	
rida Profit Corporation adopts t	he following amendmen
oany," or "incorporated" or the ofessional corporation name i	The new abbreviation "Corp.," must contain the word
<u> </u>	
	
	
n Florida, enter the name of t	<u>he</u>
<u> </u>	
ldress)	
,	
, Florio	da /Zip Code)
	(Vil) Coucy
nd accept the obligations of the	position.
red Agent, if changing	 _
	rporation (if known) ida Profit Corporation adopts to the ofessional corporation name in Florida, enter the name of the old accept the obligations of the ond accept the obligations of the

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (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 = 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:

\underline{X} Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	V	Nicholas J. Dister	111 S. Armenia Ave.
X Add			Suite 201
Remove			Tampa, FL 33609
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		-	
Add			
Remove			
5) Change		- -	
Add			
Remove			
6) Change			· — — — — — — — — — — — — — — — — — — —
Add			
Remove			

xuach additional sheet	<u>additional Arti</u> ts, if necessary)	(Be specific)				
				 -		
						
						
·						
	-	***	_	_		
			····			
						
						
		_				
			-			
an amendment prov	ides for an exch	ange, reclassific	ation, or cancell	ation of issued sh	ares,	
provisions for implem (if not applicable.	indicate N/A)	idment if not co	ontained in the a	mendment itself:		
				 _		
		_			<u> </u>	
		· · ·				
	_					
	_					

•

	October 11, 2021	
The date of each amendment(s) addate this document was signed.	option:	, if other than the
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 cartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted action was not required.	ted by the incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes cast for the amendmen licient for approval.	t(s)
☐ The amendment(s) was/were appromust he separately provided for e	oved by the shareholders through voting groups. The following states ach voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated 10 - 2 Signature (By a dire	ector, president or other officer – if directors or officers have not been	
selected.	by artineer porator – if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	ırt
	Jeffery S. Hills	
	(Typed or printed name of person signing)	
	President	
_	(Title of person signing)	