P94000009291

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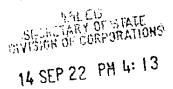
TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: Tropical N	Manor Investm	nents, Inc.
DOCUMENT NUM	P9400009	291	
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Tomas R. Gali	ana	
en e	Tropical Manor		
	P.O. Box 8224		<u> </u>
327	South Florida,	Address FL. 33082	· · · · · · · · · · · · · · · · · · ·
App. W		City/ State and Zip Cod	e
and Grap grate Top	E-mail address: (to be us	sed for future annual report	notification)
Tomas R (Saliana	at (954	, 868-3888
• Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
	, ∴. □\$43.75 Filing Fee &	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
· An	niling Address nendment Section vision of Corporations 1. Box 6327	Amend Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Tropical Manor Investments, Inc.

P9400009291 (Document Number of Corporation	(if known)	
irsuant to the provisions of section 607.1006, Florida Statutes, th		dmer
Articles of Incorporation:	is Fibrial Froja Corporation adopts the following amend	milei
If amending name, enter the new name of the corporation:	·	
N/A	The	new
and "about and " "mustancianal consciption " on the abbreviation		
Enter new principal office address, if applicable:	N/A	
Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
word "chartered," "professional association," or the abbreviation B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		

Name of New Registered Agent

(Florida and Adent)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the

(Florida street address)

lew Registered Office Address: N/A

City) , Florida_______, Florida______

New Registered Agent's Signature, if changing Registered Agent:

new registered agent and/or the new registered office address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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.

X Change	PT John D	<u>oe</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	SV Sally S	mith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	1 : <u>V </u>	Marlene Vega	P.O. Box 822470
Add	estaphenic en	200	South Florida, FL. 33082
Remove		÷ .	
2) Change	 .		
Add			
Remove			
3) Change			_ ·
Add			
Remove			
4) Change			
Add		•	
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

E. <u>If an</u>	mending or adding additional Arti ach additional sheets, if necessary).	(Re vpecific)	<u>ere</u> :	
\/A	acti adminorati ancere, y necessaryy.	(Be speegle)		
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	<u> </u>			
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	,			
		· · · · · · · · · · · · · · · · · · ·		<u> </u>
lf a)	n amendment provides for an exchovisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, ndment if not containe	or cancellation of iss d in the amendment	ued shares. itself:
I/A	·		. '	
				<u> </u>
				
				

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.

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Example: X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mik</u>	Jones	
_X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>V </u>	Marlene Vega	P.O. Box 822470
Add	1489, N. 19 ¹⁸	; ³	South Florida, FL. 33082
Remove		: :	
2) Change			
Add			
Remove			
3) Change			
Add		•	
Remove			
4) Change			
Add		•	
Remove			
5) Change	<u> </u>		
Add			
Remove			
5) Change			
Add			
Remove		:	

The date of each amendment(s) adoption: 09-18-2014	SE HETARY OF STATE	, if other than the
date this document was signed.		14 SEP 22 PM 4: 13	, if other than the
Effective date if applicable:	09-18-2014	14 SEP 22 "	
. , , , , , , , , , , , , , , , , , , ,	(no more th	an 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were by the shareholders was/wer		The number of votes cast for the amendment(s))
		through voting groups. The following statement to vote separately on the amendment(s):	nt .
. The number of votes of	east for the amendment(s) was	/were sufficient for approval	
by		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)		
The amendment(s) was/were action was not required.	adopted by the board of direc	tors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators	without shareholder action and shareholder	
Dated 09-18	-2014		
Signature		OWW	
		officer – if directors or officers have not been n the hands of a receiver, trustee, or other court ary)	
•	Tomas R Galiana	,	
A Company of the State of the S	(Typed	or printed name of person signing)	
	Secretary		:-
of the state		(Title of person signing)	