## P9400009291

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
;		

Office Use Only



900263333039

900263333039

14 0CT -1 PH 1:28

1, 10,10,14

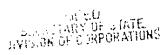
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Tropical ma		s, Inc.	
DOCUMENT NUMBER: P940000929	1		
The enclosed Articles of Amendment and fee are sub	omitted for filing.	,	
Please return all correspondence concerning this mat	ter to the following:		
Tomas R. Galiana	a		
	Name of Contact Person	1	
Tropical Manor In	vestments, Inc.		
	Firm/ Company		
P.O. Box 822470			
	Address		
South Florida, Fl.	33082		
	City/ State and Zip Code	e	
tgalianasr@hotmail.c	om		
	ed for future annual report	notification)	
`	1	······································	
For further information concerning this matter, please	e call:		
Tomas R. Galiana	<sub>31</sub> ,954	<b>.</b> 868-3888	
Name of Contact Person	Area Co	868-3888 de & Daytime Telephone Number	
Enclosed is a check for the following amount made p			
■ \$35 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)	
Mailing Address		Address	
Amendment Section Division of Corporations	Amendment Section		
P.O. Box 6327	Division of Corporations Clifton Building		
Tallahassee, FL 32314		xecutive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation



Tropical Manor Investments, Inc.

14 OCT -1 PM 1:28

(Name of Corporation as	<u> </u>	Florida Dent of State	
P9400009291	currently med with the i	riorida Dept. of State	
	t Number of Corporation (	(if known)	<del></del>
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	ation "Corp," "Inc," or	"Co". A professional corporation	
B. Enter new principal office address, (Principal office address MUST BE A S.)	f applicable:	N/A	
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST (</u>	<u>cable:</u> OFFICE BOX)	N/A	
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	d/or registered office add v registered office addres N/A	dress in Florida, enter the name o	<u>f the</u>
Name of New Register ea rigern	-		•
	(Florida s	treet address)	
New Registered Office Address:	N/A	, Florida	:
	(Cit)		(Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist		with and accept the obligations of	the position.

## 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>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		Address
1) Change	V	Marlene Vega		P.O. Box 822470
Add				South Florida
Remove			;	Florida 33082
2) Change			÷	
Add			: ; .	<del></del>
Remove				
3) Change				<del> </del>
Add				
Remove				
4) Change		_	• •	
Add				
Remove			;	
5) Change			:	
Add			• •	
Remove			: :	<del></del>
6) Change			: :	
Add				
Remove				

E. If amending or adding additional Arti- (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
N/A	
1.00	
<del></del>	
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
14// \	
·	

	09/30/2014	S TARY	ELU 107 STÁTE DREGRÁFIONS	
The date of each amendmendate this document was signed		14 0CT - I		, if other than the
Effective date <u>if applicable</u> :	09/30/2014 (no more than 9	0 days after amendme	nt file date)	<u></u>
Adoption of Amendment(s)	( <u>CHECK ONE</u> )			
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The ere sufficient for approval.	number of votes cast	for the amendment(s)	
	re approved by the shareholders thro ed for each voting group entitled to			
	s cast for the amendment(s) was/wer		al	
by	(voting group)			
<del>2</del> 1	re adopted by the board of directors		ction and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators with	out shareholder action	and shareholder	
Dated_09/Signature_			Deliny	
() s	By a director, president or other office elected, by an incorporator – if in the ppointed fiduciary by that fiduciary)	e handsjof a receiver, i		_
	Tomas R. Galiana			_
		printed name of person	signing)	
	Secretary (Ti	tle of person signing)		_