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Anend.

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D COMMENT

COVER LETTER

TO: Amendment Section Division of Corporations

...

NAME OF CORPOR	RATION: FLORIDA TROPIC	CS REALTY, INC			
DOCUMENT NUM			<u> </u>		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	JOHN DIPALO				
		Name of Contact Persor	1		
	FLORIDA TROPICS REALTY, INC				
	Firm/ Company				
	50 COMMERCIAL WAY				
		Address			
	SPRING HILL, FL 34606				
		City/ State and Zip Code	e		
	TAMMI.FERNANDEZ.CPA	@GMAIL.COM			
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
JOHN DIPALO		at (352	279-9865		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
■ \$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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303		

Articles of Amendment to Articles of Incorporation of

FLORIDA TROPICS REALTY, INC

(Name of Corporation as	s currently filed with the Florida Dept. of State)
P94000092156	
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Stat its Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpor	ration:
	The new ration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word fon "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRES</u>	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
New Negastereu Office Maaress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
Signature	of New Registered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0	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: 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	JOHN DIPALO	11170 ROSTOCK ROAD
X Add			BROOKSVILLE, FL 34614
Remove			
2) Change	D	CHRISTOPHER J DIPALO	18619 OAKWAY DR
Add			HUDSON, FL 34667
X Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)			
				
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an amendment provides for an exc	hange, reclassifica	tion, or cancellati	on of issued shares	
an amendment provides for an exc provisions for implementing the ame	endment if not con	tained in the ame	ndment itself:	
(if not applicable, indicate N/A)				

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- , • · · •	OCTOBER 30, 2020	
The date of each amendment(s date this document was signed.) adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirement Department of State's records.	its, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareh	nolder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the arresulticient for approval.	nendment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
sele	a director, president or other officer – if directors or officers have ted, by an incorporator – if in the hands of a receiver, trustee, or ointed fiduciary by that fiduciary) JOHN DIPALO	
	(Typed or printed name of person signing)	
	VP	

(Title of person signing)