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COVER LETTER

TO: Amendment Section • Division of Corporations

NAME OF COR	PORATION:	Tropical Summer Inc	<u>•</u> •	
DOCUMENT N	UMBER:	P97000003331		
The enclosed Arti	cles of Amendment and fee a	are submitted for filing.		
Please return all c	orrespondence concerning thi	is matter to the following:		
		Claudia Martins		
	N	lame of Contact Person		
	Tr	opical Summer Inc		
		Firm/ Company		
	7	136 Bonita Dr. # 7		
		Address		
		mi Beach/FL 33141		
	C	ity/ State and Zip Code		
_	claudiatro E-mail address: (to be use	pical@hotmail.com d for future annual report notification)		
For further inform	ation concerning this matter,	please call:		
(Claudia Martins	at (786) 5	522-0372	
Name	e of Contact Person	Area Code & Daytime Te	lephone Number	
Enclosed is a chec	k for the following amount m	nade payable to the Florida Depar	rtment of State:	
☑ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing A Amendmen Division of P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations		
Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TTOPICAL Sum	mel INC.	&
(Name of Corporation as curr	7	- AGP - A
	19700008333	1 779, 04
(Document Nur	mber of Corporation (if know	wn)
rsuant to the provisions of section 607.100 tendment(s) to its Articles of Incorporation:	06, Florida Statutes, this Flo	orida Profit Corporation adopts the t
If amending name, enter the new name o	f the corporation:	
me must be distinguishable and contain breviation "Corp.," "Inc.," or Co.," or the must contain the word "chartered," "pro	e designation "Corp," "Inc,	" or "Co". A professional corporati
Enter new principal office address, if apprincipal office address <u>MUST BE A STREE</u>		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFIC		
If amending the registered agent and/or new registered agent and/or the new regis		Florida, enter the name of the
Name of New Registered Agent:	stered office address:	
New Registered Office Address:	(Florida street ac	ddress)
		, Flonda
	(City)	(Zip Code)
w Registered Agent's Signature, if changing ereby accept the appointment as registered a	ng Registered Agent: agent. I am familiar with ar	nd 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) Type of Action **Title** Address **Name** □ Add ☐ Remove ☐ Remove _____ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) ARTICLE III: to organize and pursue all real estate related services F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s	s) adoption:
Tite	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast 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 directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated 11/2/2	2010
Signature	Plus L. Halys
	director, president or other officer - if directors or officers have not been
	ted, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
аррог	med inductary by that inductary)
	CLAUDIA MARTINS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)