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JUL 1.1 2017

## **COVER LETTER**

TO: Amendment Section Division of Corporations

t ·

NAME OF CORPOR	RATION:	SCAPES INC				
DOCUMENT NUMI	P98000028536					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	JUAN MARTINEZ					
	·	Name of Contact Persor	1			
	TROPICAL ROOFSCAPE INC					
		Firm/ Company				
	340 PIKE ROAD	,				
		Address	·			
	WEST PALM BEACH, FL 3	3411				
		City/ State and Zip Cod	e			
inan	gtotalroofingsystems.net					
Junit	=	sed for future annual report	notification)			
For further information	n concerning this matter, pleas	se call:				
JUAN MARTINEZ		ut (	872-8030			
Name	of Contact Person	at ( Area Co	) de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	navable to the Florida Dena	artment of State:			
		,				
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address		Street	Address			
	endment Section		lment Section			
Division of Corporations		Division of Corporations				
P.O. Box 6327		Clifton Building				

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to

Articles of Incorporation
Troice Port scares, Inc.
(Name of Corporation as currently filed with the Florida Dept, of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendments Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable:
(Principal office address <u>MUST BE A STREET ADDRESS</u> )
C. Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:
Name of New Registered Agent
(Florida street address)
New Registered Office Address:
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent; Thereby accept the appointment as registered agent. I am jamiliar 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DPT	JAMEY W. SHOOK	340 PIKE ROAD
Add			WEST PALM BEACH
X Remove			FLORIDA, 33411
2) Change	P	JUAN MARTINEZ	3549 SE GATEHOUSE CIR
X Add			STUART, FL 34994
Remove			
3 ) Change	VP	HERIBERTO LARA	2402 SE MARIUS ST
X Add			PORT ST LUCIE
Remove			FLORIDA, 34952
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			-
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)				
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If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassifica ndment if not con	ion, or cancellat ained in the am	tion of issued sl endment itself:	hares,	
	<u></u>		· <u></u>		
					<u></u>

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
ULY 1, 2017 Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by``	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
JULY 1. 2017 Dated	
Signature  (By director, president or other officer of directors or officers have not been selected, by an incorporator of in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
JUAN MARTINEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	