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COVER LETTER

Division of Corporations DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Classic Plup. of N. 71 Inc. 3921 NW 97th Blvd Suite 201 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (35 Z) 331 - 2100

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with th	e Florida Dept. of State)
Classic Properties of N Horic (Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit</i> its Articles of Incorporation:	Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional "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 MAY BE A POST OFFICE BOX)	1020 1531 -6
D. If amending the registered agent and/or registered office address in Florida new registered agent and/or the new registered office address:	enter the name of the
Name of New Registered Agent Curolyn Quinn	<u>us</u>
3921 NW 97TH BLVD, SUITE 201 New Registered Office Address: GAINESVILLE, FL 32606	, Florida
GAINESVILLE, FE 32000	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept	the obligations of the position.
Signature of New Registered Agen	t, if changing

Check if applicable [] The amendment(s) is/are being filed pursuant to s. 607.0120 (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)

Example:

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u> </u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u> </u>	Miguel Quinones	3921 NW 970 BW.
Add Remove 2) Change	P	Carolya Quinaris	Suite 201 Gainesville 71 326ac 3921 NW 97th Bul
Add Remove 3) Change Add		- ,,	Suite 201 Gainesville, 71 32606
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove			

rnach aaaiil	onal sheets, i	f necessary).	cles, enter chan (Be specific)				
							
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an amendr	nent provide	es for an exch	ange, reclassific	cation, or cance	llation of issued	i shares,	
if not a	or impiemen oplicable, ind	iting the amei	nament ii not c	ontained in the	amendment itse	<u>el1:</u>	
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The date of each amendment(s) adoption: _ date this document was signed.	June	29, 2020	, if other than the
Effective date <u>if applicable</u> :	(no more than 90	(<u> </u>	ile date)
Note: If the date inserted in this block does document's effective date on the Department of		able statutory filing requ	irements, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)		
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators, or b	oard of directors without	shareholder action and shareholder
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		number of votes cast for	the amendment(s)
☐ The amendment(s) was/were approved by t must be separately provided for each votin			
"The number of votes cast for the ame	endment(s) was/wer	e sufficient for approval	
by Owners	· · · · · · · · · · · · · · · · · · ·	·	
(ve	ting group)		
Dated (e/30)	29		
Signature Caroly	. Cuna	\$	
		er - if directors or officer hands of a receiver, trus	
	y by that fiduciary)		
	(Carolya (Deinones name of person signing)	
	(.) fred or frimed in	ame or person signing)	
	(Title of person sig	ning)	