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SECRETARY OF STATE TALLAHASSEE. FLORIDA

Amena Ma/25/29

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	LAS OLAS REALTY, INC.		
DOCUMENT NUM	BER:	666291		
The enclosed Articles	of Amendment and fee an	re submitted for filing.		
Please return all corre	espondence concerning this	s matter to the following:		
		ET H. MCTIGUE (KAUTH)	·	
	N	ame of Contact Person		
	LAS	OLAS REALTY, INC.		
		Firm/ Company		
	500	DESOTA DRIVE		
_		Address		
	FT. LAU	JDERDALE, FL 33301		
	THE RESERVE THE PARTY OF THE PA	ty/ State and Zip Code		
	DESO	TA@AOL.COM I for future annual report notification)	· · · · · · · · · · · · · · · · · · ·	
•	(The second secon		
For further informatio	on concerning this matter,	please call:		
MARGARET	MCTIGUE KAUTH	at (954)4	63-5378	
Name of 0	Contact Person	Area Code & Daytime Te	elephone Number	
Enclosed is a check fo	or the following amount m	ade payable to the Florida Depar	rtment 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 Addr		Street Address		
Amendment S		Amendment Section		
Division of Co P.O. Box 6327	•	Division of Corporations		
		Clifton Building 2661 Executive Center Circ	le	
Tallahassee, FL 32314		AUUT DAGGULIYE CERREI CIIC	10	

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

	LAS OLAS REALTY, INC.
(Nan	ne of Corporation as currently filed with the Florida Dept. of State)
	666291
	(Document Number of Corporation (if known)

owing

	f the corporation;	The
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," "Inc	"company," or "incorporated" or ," or "Co". A professional corpora
B. <u>Enter new principal office address, if app</u> (Principal office address <u>MUST BE A STREE</u>		
C. 16-4		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)		
D. If amending the registered agent and/or r	registered office address in	a Florida, enter the name of the
new registered agent and/or the new regis		
Name of New Registered Agent:		
New Registered Office Address:	(Florida street a	ddress)
		Florida
	(City)	, Florida (Zip Code)

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>PSD</u>	MARGARET MCTIGUE	500 DESOTA DRIVE FT. LAUDERDALE, FL 33301	_ ☑ Add _ ☐ Remove
<u>PSD</u>	ROBERT R KAUTH	500 DESOTA DRIVE FT. LAUDERDALE, FL 33301	☐ Add ☐ Remove
·	· · · · · · · · · · · · · · · · · · ·		Add Remove
	ling or adding additional Articles, end dditional sheets, if necessary). (Be spe		
provisio	nendment provides for an exchange, rons for implementing the amendment of applicable, indicate N/A)		
			1

The date of each amendmen	t(s) adoption: July 2	26, 2009
• • • • • • • • • • • • • • • • • • •	July 26, 2009	(date of adoption is required)
	(no more than 90 d	ays after amendment file date)
Adoption of Amendment(s)	(CHEC	K ONE)
The amendment(s) was/we by the shareholders was/w		areholders. The number of votes cast for the amendment(s) roval.
		nareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendme	ent(s) was/were sufficient for approval
by	7-2-4-1	
~	(voting group)	
✓ The amendment(s) was/we action was not required.	re adopted by the boa	ard of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the inc	orporators without shareholder action and shareholder
Dated July	18, 2009	
sele		or other officer – it directors or officers have not been ator – if in the hands of a receiver, trustee, or other court hat fiduciary)
	Ma	argaret H. McTigue Kauth
<u>.</u>	(Typed	or printed name of person signing)
·		Secretary
	(Title of per	rson signing)