PU3000018393

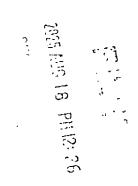
(Requestor's Name)
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Special Instructions to Filing Officer:





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORATION: GE Rea	l Estate Sei	rvices, Inc.			
	NUMBER: P030000783					
	rticles of Amendment and		abmitted for filing.			
Please return all	correspondence concern	ing this ma	ntter to the following:			
	Louis Erice					
	Name of Contact Person					
	GE Real Estate Services, Inc.					
		<u>.</u>	Firm/ Company			
	11440 N Kendall Drive, Suite 405					
	Address					
	Miami, Florida 33	176				
	City/ State and Zip Code					
	Lerice@kw.com					
		s: (to be u	sed for future annual report	notification)		
For further info	rmation concerning this n	natter, plea	se call: at (, 431-3535		
1	Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a ch	eck for the following am	ount made	payable to the Florida Depa	artment of State:		
S35 Filing H	Fee □\$43.75 Fili Certificate o	-	S43.75 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		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

OF. Real Estate Services, Inc.					
(Name o	f Corporation as curre	ntly filed with the Flor	ida Dept. of State)		
P03000078393					
	(Document Number	of Corporation (if know	wn)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006. Florida Statutes, th	is <i>Florida Profit Corpo</i> .	ration adopts the following	g amendm	ent(s) to
A. If amending name, enter the new na	me of the corporation:				
NA				The nev	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Co"chartered," "professional association,"	orp," "Inc," or "Co".	A professional corpo	orated" or the abbreviation name must contai	on "Corp.,	••
R Enter new principal office address i	f annticable:	NA			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				79	
				-5 -	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA	•	18 Ph 12:126	
				12:12:0	
D. If amending the registered agent and new registered agent and/or the new	1/or registered office ad registered office addre	ldress in Florida, enter	the name of the		
- -	Louis Erice				
	11440 N. Kendall Drive.	Suite 405		-	
	(Florida)	street address)		-	
New Registered Office Address:	Miami		Florida		
		(City)	(Zip ((ode)	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	anging Registered Age red agent. I am familia.	nt: r with and accept the ob	ligations of the position.		

Signature of New Registered Agent, 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)

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) X Change	P D	Louis Erice	11440 N. Kendall Drive, ste. 405
Add			Miami, FL 33176
Remove			
2) Change	V	Linda Erice	11440 N. Kendall Drive, stc. 405
X Add			Miami, Fl., 33176
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u> </u>
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) (Be specific)	<u>here</u> :		
NA	(De sycetyte)			
14.				
				 .
· · · · · · · · · · · · · · · · · · ·			· = ·	
-16				
				
 If an amendment provides for an exch provisions for implementing the amer 	ange, reclassification	, or cancellation of issued in the amendment i	ed shares.	
(if not applicable, indicate N/A)	TOTAL TOTAL CONTROL	ed in the difference of	13011	
NA				
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		71914		
				-
		 .	<u>-</u>	
	 -		,==.	

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	doption:	, if other than the
date this document was signed.		
Effective date if applicable:	tno more than 90 days after amendi	
	(no more than 90 days after amendi	nent file date)
Note: If the date inserted in this b document's effective date on the De		g requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors w	ithout shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes carfficient for approval.	ast for the amendment(s)
	proved by the shareholders through voting groups, each voting group entitled to vote separately on t	
"The number of votes cast	for the amendment(s) was/were sufficient for app	roval
by		••
V;	(voting group)	 ·
(By a di selected appoint	-/2-2 S Jewe Grant rector, president or other officer – if directors or of the director of the particle of the hands of a receive ed fiduciary by that fiduciary) Louis Erice (Typed or printed name of person sign	r, trustee, or other court
	(Title of person signing)	