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SEURE IAK OF STATE
ANALYSEE FLORID.

C. LEWIS

OCT 4 2013

EXAMINER

COVER LETTER

· TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MIAMI LEG	SACY REALTY I	NC			
DOCUMENT NUM	_{BER:} P1200000288	10				
	of Amendment and fee are su					
Please return all corre	espondence concerning this ma	tter to the following:				
,	INNA VORONA					
	Name of Contact Person CORONA TAX SERVICES INC					
	Firm/ Company					
	3125 NE 184 STREET APT 1304					
		Address				
	N. MIAMI BEACH	H, FL 33160				
		City/ State and Zip Cod	e			
	F mod addrona (to be u	sed for future annual report	notification			
	n-mail address: (to be us	sed for future annual report	notification)			
For further information	on concerning this matter, pleas	se call:				
INNA VORC	NA	at (954	9546462777			
Name of Contact Person		Area Code & Daytime Telephone Number				
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)			
Am Div P.C	endment Section vision of Corporations b. Box 6327 lahassee, FI. 32314	Amenc Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle			

; i.

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

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MIAMI LEGACY REALTY INC

P1200002880	y filed with the Florida Dept. of State) SECRETARY OF STATE TALLAHASSEE, FLORIDA
	of Corporation (if known)
	rida Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the	corporation:
	The new
	vord "corporation," "company," or "incorporated" or the abbreviation orp," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)	ble: DDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	BOX)
D. If amending the registered agent and/or regis new registered agent and/or the new registered	stered office address in Florida, enter the name of the ed office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing R	Registered Agent:
	t. I am familiar 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	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Na</u>	<u>ime</u>	<u>Addres</u>	<u>s</u> s
1) Change	VP	M	MARGULIS, LEONIC	3125 N	IE 184 STREET APT 1304
Add X Remove		-		AVE	NTURA, FL 33160
2) Change					
Add Remove					
3) Change		 -			
Add					
4) Change				-	
Add					
5) Change				-	
Add					
6) Change					
Add					
Romovo					

ttach additional sheets, if necessary).	(Be specific)			
				
				
				
				
			···	
				
				
an amendment provides for an exch	ranga raalassifiaati	ion or consollativ	on of insuad show	••
provisions for implementing the ame	ndment if not cont	ained in the amer	idment itself:	53 4
(if not applicable, indicate N/A)				
	, , , , , , , , , , , , , , , , , , , ,			
				·
				

The date of each amendment	(s) adoption:	FILED. if other than the
date this document was signed Effective date if applicable:	08/01/2013	13 SEP 30 PM L: 30
Enecure onto <u>a apprendic</u> .	(no more than 90 days o	after amendmen for the STATE AHASSEE. FLORIDA
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number ere sufficient for approval.	r of votes cast for the amendment(s)
	re approved by the shareholders through vo ad for each voting group entitled to vote sep	
"The number of votes	s cast for the amendment(s) was/were suffic	ient for approval
by	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors withou	t shareholder action and shareholder
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without sha	reholder action and shareholder
Dated	8/1/2013	
Signature	class	
sc	by a director, president or other officer — if elected, by an incorporator — if in the hands opointed fiduciary by that fiduciary)	
	MARGULIS, IRIN	NA .
	(Typed or printed r	name of person signing)
	PRESIDENT	

(Title of person signing)