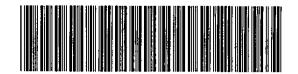
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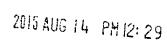
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: MARIA IVONNE	LOYOLA PA				
DOCUMENT NUMBE	P13000094619					
The enclosed Articles of	f Amendment and fee are sul	omitted for filing.				
Please return all corresp	ondence concerning this mat	ter to the following:				
		MARIA IVONNE LOYOI	LA			
		Name of Contact Person				
_		Firm/ Company				
	13701 SW 102 AV					
		Address				
_		MIAMI, FL 33176				
		City/ State and Zip Code				
	loyo	olaivonne@hotmail.com				
	E-mail address: (to be us	ed for future annual report	notification)			
For further information	concerning this matter, pleas	e call:				
MARIA IVONNE LOYOLA		786 at (344-5324			
MARIA IVONNE LOYOLA at (786) 344-5324 Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a check for	the following amount made	payable to the Florida Depa	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 Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



MARIA IVONNE LOYOLA PA

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(Name of Corporation as currently filed with the Florida Dept. of State) P13000094619

	1 15000074017	
(1	Document Number of Corporation (if know	vn)
Pursuant to the provisions of section 607.1006, I its Articles of Incorporation:	Florida Statutes, this <i>Florida Profit Corpo</i>	ration adopts the following amendmen
A. If amending name, enter the new name of	the corporation:	
S	IREALTY INC.	The new
name must be distinguishable and contain the "Corp" "Inc.," or Co.," or the designation word "chartered," "professional association," of	"Corp," "Inc," or "Co". A professional	"incorporated" or the abbreviation
B. Enter new principal office address, if apple (Principal office address MUST BE A STREET)	icable: FADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>	
D. If amending the registered agent and/or re	anistanad office address in Florida, auto-	the name of the
new registered agent and/or the new regis		the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
	, <i>-</i> ,	
New Registered Agent's Signature, if changin I hereby accept the appointment as registered as		bligations of the position
and the second s	, com a companion with a secopt the co	mganona of the positions.
	Signature of New Pagistaged Agent if al	anaina

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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1)Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		•		
Remove				

ttach additional she	ets, if necessary).	(Be specific)				
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an amendment proprovisions for imple	ovides for an exclusion	nange, reclassifi endment if not c	<u>cation, or cancel</u> ontained in the a	<u>lation of issued si</u> mendment itself:	<u>iares,</u>	
(if not applicable	e, indicate N/A)				•	
				·		
		•				

	8/11/2015	
The date of each amendment (date this document was signed.	s) adoption:	, if other than the
_	8/11/2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 20 ways after untertained fite dute)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, e Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amende sufficient for approval.	lment(s)
	approved by the shareholders through voting groups. The following start for each voting group entitled to vote separately on the amendment(s	
	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder action action and shareholder action	eholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and sharehol	der
Dated 8/11/2	2015	
Dated		
Signature		
selo	a director, president or other officer – if directors or officers have not ected, by an incorporator – if in the hands of a receiver, trustee, or other integrated by that fiduciary)	been er court
••	MARIA IVONNE LOYOLA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	