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COR AMND/RESTATE/CORRECT OR O/D RESIGN MIAMI REAL ESTATE INVESTMENTS HOLDINGS GROUP INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
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15 NOV -2 PM 2: 19

CIN7 C O AGN

Articles of Amendment Articles of Incorporation of

| | Articles of Incorporation | | | | |
|---|---|---|-------------|-------------------------------|---------|
| | of | | | | |
| MIAMI REAL ESTATE INVESTMENTS HOLDIN | NGS GROUP INC. | | (2004) 1 | 15 2 | |
| (Name of Corpora | tion as currently filed with the | Florida Dept. of State) | 3 | V 0 | |
| P14000005143 | | | 12. | 1-2 | TT; |
| (Docu | ument Number of Corporation (if | known) | 200 | <u> </u> | W. |
| Pursuant to the provisions of section 607.1006, Floriests Articles of Incorporation: | | <i>'orporation</i> adopts the fo | ollowing a | mendn | nent(s) |
| A. If amending name, enter the new name of the | corporation: | | | | |
| name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Cor, word "chartered," "professional association," or the | p," "Inc," or "Co". A profess | or "incorporated" or ional corporation name | the abbi | he ne reviatio stain ti | מכ |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD | | | | | ı |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be | <u></u> | | ~ | | |
| D. If amending the registered agent and/or registe | ered office address in Florida. | enter the name of the | | | |
| new registered agent and/or the new registered | | | | | |
| Name of New Registered Agent | | · · · | | | |
| | | | | | |
| | (Florida street address) | | | | |
| New Registered Office Address: | | , Florida | | | |
| | (City) | | (Zip Cod | e) | |
| New Registered Agent's Signature, if changing Re Thereby accept the appointment as registered agent. | gistered Agent: I am familiar with and accept to | he obligations of the pos | ition. | • | |
| Sign | nature of New Registered Agent, | if changing | | | |

Example:

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.

| X Change | | PT | John Doe | | | | |
|----------------------------|--------|------------|----------------------|-----------------|--|--|--|
| X Remove | | <u>v</u> | Mike Jones | | | | |
| X Add | | <u>\$V</u> | Sally Smith | | | | |
| Type of Action (Check One) | | Title | <u>Name</u> | <u>Addres</u> s | | | |
| 1) _ | Change | <u>P</u> | ALBERTO FERNANDEZ | 814 NW 36 AVE | | | |
| | Add | | | SUITE 204 | | | |
| x | | | | MIAMI, FL 33125 | | | |
| 2) | Change | P | ALBERTO M. FERNANDEZ | 814 NW 36 AVE | | | |
| x | | | | SUITE 204 | | | |
| | Remove | | | MIAMI, FL 33125 | | | |
| 3)_ | Change | | | | | | |
| | Add | | | | | | |
| | Remove | | | | | | |
| 4) | Change | | | | | | |
| _ | Add | | | | | | |
| _ | Remove | | | | | | |
| 5) | Change | <u>-</u> | | | | | |
| | Add | | | | | | |
| _ | Remove | | | | | | |
| | | | | | | | |
| の | Change | | | | | | |
| | Add | | | <u> </u> | | | |
| | Remove | | | | | | |

| f amending or adding additional Arti Attach additional sheets, if necessary). | (Be specific) |
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| f an amendment provides for an exct provisions for implementing the ame (if not applicable, indicate N/A) | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| | |
| nte terror was | |
| , | |
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| | |

| The date of each amendment(s) adoption: 10/30/15 |
|--|
| date this document was signed. |
| Effective date if applicable: |
| (no more than 90 days after amendment file date) |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| Adoption of Amendment(s) (CHECK ONE) |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes cast for the amendment(s) was/were sufficient for approval |
| by" |
| (voting group) |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. |
| Dated 10/30 15 |
| |
| Signature (By a director, president or other officer – if directors or officers have not been |
| selected, by an incorporator - if in the hands of a receiver, trustee, or other court |
| appointed fiduciary by that fiduciary) CRAM CCP |
| (Typed or printed name of person signing) |
| (Title of person signing) |