## P14000035541

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(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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> SUBSEIARY DE SINE DIVIDIO - OF CORPORATIONS

1211/15

## COVER LETTER.

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATIO	N: Equito	Internat	ional Realty, Inc
DOCUMENT NUMBER: _	P140	0003554	11
The enclosed Articles of Ame	ndment and fee are sul	bmitted for filing.	
Please return all corresponden	ce concerning this mat	ter to the following:	
	Paul	L. Aba Name of Contact Person	
	Equity	Internation Firm/Company	nal Realty, Inc.
	7958 U	36 Av. Address	Unit 202
	Hialeah	City/ State and Zip Code	33018
——————————————————————————————————————	<u>Mad b 2</u>	6 y ah oo.	COM notification)
For further information concer	rning this matter, pleas	e call:	
Paul Aba Name of Conta	ad act Person	at ( <u>0,54</u> Area Coo	
Enclosed is a check for the fol	llowing amount made p	payable to the Florida Depa	rtment of State:
	\$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 Ad	dress	Street	<u>Address</u>

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to

Articles	of Incorpor	ration
	of ,	

Equity Internation	onal Realty, Inc.	
(Name of Corporation as currently filed with the Flor	ida Dept. of State)	
<u> </u>	5 <u>4/</u>	
(Document Number of Corporation (if kn	nown)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment	(s) to
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.A.	". A professional corporation name must contain the 4."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	8200 NW 4/St St. 2nd fl. Doral, FL 33166	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
		() 12(o
		<u> </u>
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	1	
Name of New Registered Agent		300 300 300
		55
(Florida street	address)	₹ħ
New Registered Office Address:	, Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.	
Signature of New Registered Age	ent, 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 I	<u>Doe</u>			
X Remove	<u>v</u>	Mike .	<u>Jones</u>			
X Add	<u>sv</u>	Sally S	<u>Smith</u>			
Type of Action (Check One)	Title		Name			<u>Addres</u> s
1) Change	<u>\</u>	<del>-</del>	Juan	Carnila	Parra	124125W115Ter. Miami, FL 33186
Remove						
2) Change	D	_	Can	nina Mo	ncada	1400 Harbortsland Dr. # 1008 Worth Bay Willage, FL
Remove 3) Change	D	<del></del>	tose	Valas	6 <u>6</u> 0	33141 16220 SW 280 St. Hamestead, FC
Remove 4) Change		_			<u></u>	3363(
Add Remove						
5) Change Add		_				
Remove  6) Change						
Add	<u> </u>	<del>-</del>				
Remove						

	h <i>additional sh</i>	ling additional Artheets, if necessary).	(Be specific)	<del></del>		
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f an	amendment p	rovides for an exc	hange, reclassific	cation, or cancella	tion of issued sh	ares.
prov	<u>(if not applical</u>	lementing the amoble, indicate N/A)	endment if not co	ontained in the am	endment itself:	
	(у посирушем	maicule 1971)				
,						
	·					

FILED STATEN
The date of each amendment(s) adoption: 12/3/20/4 SECONDOMINION date this document was signed.  Effective date if applicable: 12/3//20/4 15 MAR -9 AM 7:5 if other than the
Effective date if applicable: 12/3/120/4 15 MAK (no more than 90 days after amendment file date)
(no more than 30 ways after amenament file date)
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.
Dated3/1/15
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)
(Typed or printed name of person signing)
(Title of person signing)