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Certified Copies	_ Certificate:	s of Status
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Special Instructions to	Filing Officer:	
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Park Till

COVER LETTER

Division of Corporations	5 ,
NAME OF CORPORATION:	INTEGRAL REALTY CORP.
DOCUMENT NUMBER:	415000054775
The enclosed Articles of Amendment and fee	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Dei	nise F. Gomes
5	Name of Contact Person .
123	SE. 34 AVE #546
Ŋ	Mami, FL 33131
	City/ State and Zip Code
Jor	nes.denisef@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter	er, please call:
Denise F. Gome	a.(<u></u>
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing F Certificate of S	-
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

	^ VI /	FILLIO
Syntegral	Realty Co	P. 24 PH 4:56
(Name of Corporation	on as currently filed with the FI	orida Dept. of State) STATE
P15000	054725	SENTE SEE, FLORIDA
(Docum	ent Number of Corporation (if kr	nown)
ursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	Statutes, this Florida Profit Cor	poration adopts the following amendment(
. If amending name, enter the new name of the con	rporation:	
		The new
ame must be distinguishable and contain the word Corp.," "Inc.," or Co.," or the designation "Corp, ord "chartered," "professional association," or the a	" "Inc," or "Co". A profession	
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD</u>		·
	<u> </u>	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
If amending the registered agent and/or registered new registered agent and/or the new registered of		ter the name of the
	onice address.	
Name of New Registered Agent		The state of the s
	(Floride at and add-ana)	
	(Florida street address)	
New Registered Office Address:	(Florida street address) (City)	, Florida (Zip Code)

If amending the Officers and/or Directors, enter the t	itle and name of each	officer/director be	ing 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 <math>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	PT	John D	<u> </u>						
X Remove	<u>V</u>	Mike J	ones						
X Add	<u>sv</u>	Sally S	<u>Smith</u>						
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		•	<u>Addres</u> s			1
1) Change	VP	_	Raymone	J.L. Butt	erfiell_	255	Primer	a Blu	id
Add Remove			-		-	Suite Lake	. 160 Marey,	FL 3	2746
2) Change Add	VP		Maria	Camila 1	M <u>u R</u> ATA -	Boca	Mary, 430 Na Raton	dmar :	Ave 334 <i>3</i> 4
Remove					-				
3) Change						 			
Add						·			
4) Change Add	 /,				 .		,, <u>14*** N.F.</u> **		
Remove									
5) Change					 -				
Add								/ -	
Remove					,				
6) Change		_			 -				
Add									
Remove									

	r adding additional Articles, enter change(s) here: nal sheets, if necessary). (Be specific)
	· · · · · · · · · · · · · · · · · · ·

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f an amandr	ent provides for an exchange, reclassification, or cancellation of issued shares,
provisions fo	or implementing the amendment if not contained in the amendment itself:
(if not ap	plicable, indicate N/A)

The date of each amendment(s) adoption:
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) (<u>CHECK ONE</u>)
☐ 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 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)
Registered Agent.