## P180000 92497

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SECREMANY OF STATE
TALL ANASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: DELVISTA 1527,	INC.	
DOCUMENT NUM	BER: P18000092497	<u> </u>	
	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	IRA R. SHAPIRO		
	-	Name of Contact Pers	on
	IRA R. SHAPIRO, P.A.		
		Firm/ Company	
	16375 NE 18TH AVENUE. S	SUITE 225	
		Address	
	NORTH MIAMI BEACH, FI	. 33162	
		City/ State and Zip Co	de
offic	e@irarshapiropa.com		
	E-mail address: (to be us	ed for future annual repor	rt notification)
For further information	n concerning this matter, pleas	e call:	
IRA R. SHAPIRO		305 at (	944-3936 Code & Daytime Telephone Number
Name	of Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check fo	or the following amount made p	payable to the Florida De	partment of State:
S35 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		Amer Divis Clifte	et Address  Indiment Section  It ion of Corporations  In Building  Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

DELVISTA 1527, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P18000092497 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: DELVISTA 2419, INC. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: \_ Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. 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>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			SECRE APR
Add			ASSET OF S
Remove			
3 ) Change		_	
Add			
Remove			-
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
			-

amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)			
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			(D)	
		<u> </u>	APR	
		32.5	₹26	
		SE	9	
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,			
provisions for implementing the ame	ndment if not contained in the amendment itself:		=	
(if not applicable, indicate N/A)		蓋蓋	& &	
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		A-37		
	<del></del>			_
				_
				_
				_

date this document was signed.	ioption:	If other	er than the
Effective date if applicable:			_
	(no more than 90 days after amendment file date)		
Note: If the date inserted in this is document's effective date on the De	plock does not meet the applicable statutory filing requirements, this date we partment of State's records.	ill not be lis	ited as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.		
☐ The amendment(s) was/were approvided for must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):		
"The number of votes east	for the amendment(s) was/were sufficient for approval		
by		_	
	(voting group)	32 <b>3</b> 9	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	APR 2	77
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	6 ANIIA	JE D
Dated	April 25,2019	H 52 STATE ORIDA	
Signature		5- <sub>4</sub>	
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)		
	IRA R. SHAPIRO		
	(Typed or printed name of person signing)	<del></del>	_
	DIRECTOR		
	(Title of person signing)		-