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 Division of Corporations  
 Florida Department of State  
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 Electronic Filing Cover Sheet

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To: Division of Corporations  
 Fax Number : (850)617-6380

From: Account Name : THERREL BAISDEN, LLP  
 Account Number : I20140000065  
 Phone : (305)371-5758  
 Fax Number : (305)371-3178

2019 JUL 23 11:08:59

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: ATEjidor@therrelbaisden.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
 ONE CORAL TOWER, INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** ONE CORAL TOWER, INC.

**DOCUMENT NUMBER:** P19000030680

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDRES E. TEJIDOR, ESQ.  
 \_\_\_\_\_  
 Name of Contact Person

THERREL BAISDEN, LLP  
 \_\_\_\_\_  
 Firm/ Company

1 SE 3RD AVENUE, SUITE 2950  
 \_\_\_\_\_  
 Address

MIAMI, FLORIDA 33131  
 \_\_\_\_\_  
 City/ State and Zip Code

ATEJIDOR@THERRELBAISDEN.COM  
 \_\_\_\_\_  
 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDRES E. TEJIDOR, ESQ. at ( 305 ) 371-5758  
 \_\_\_\_\_  
 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 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

ONE CORAL TOWER, INC.

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

P19000030680

(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:

*The new 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) (Zip Code)

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:

Change                      PT      John Doe  
 Remove                         V        Mike Jones  
 Add                                SV      Sally Smith

| Type of Action<br>(Check One)  | Title    | Name                     | Address  |
|--|----------|--------------------------|--|
| 1) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>V</u> | <u>GUTDO AGUILERA</u>    | <u>9321 SW 54 Street</u><br><u>Miami, FL 33165</u>                   |
| 2) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>D</u> | <u>ELIAS ASFURA</u>      | <u>430 Grand Bay Drive, Apt 405</u><br><u>Key Biscayoe FL, 33149</u> |
| 3) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>D</u> | <u>DIANA A. MAHOMAR</u>  | <u>430 Grand Bay Drive, Apt 405</u><br><u>Key Biscayne FL, 33149</u> |
| 4) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>D</u> | <u>LORETTE M. MOURRA</u> | <u>430 Grand Bay Drive, Apt 405</u><br><u>Key Biscayne FL, 33149</u> |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | _____    | _____                    | _____  |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | _____    | _____                    | _____  |

**E. If amending or adding additional Articles, enter changes here:**  
*(Attach additional sheets, if necessary). (Be specific)*

Lined area for entering changes to Articles.

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
*(if not applicable, indicate N/A)*

Lined area for describing provisions for implementing the amendment.

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the 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 July 23, 2019

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)

DIANA B. ASFURA DE MOURRA

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)