P02000029024

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION: SCARPINO COM	MERCIAL REAL ESTATI	E SERVICES, INC.
DOCUMENT NU	P02000029024		
The enclosed <i>Artic</i>	les of Amendment and fee are su	bmitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
	Michael Scarpino		
		Name of Contact Person	n
	Scarpino Commercial Real E	state Services, Inc.	
	'	Firm/ Company	
	700 NE 2nd Street	This company	
		Address	
	Pompano Beach, FL 33060		
	 	City/ State and Zip Cod	e
m	scarpin@bellsouth.net		
		sed for future annual report	notification)
		,	,
For further informa	ation concerning this matter, pleas	se call:	
Michael Scarpino		954 at (647-3873
Na	me of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check	k for the following amount made	payable to the Florida Depa	artment 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		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

SC_{i}	ARPINO	COMMERCIAL REA	AL ESTATE SERVICES. INC	С.

(Name o	f Corporation as currently i	filed with the Florida Dept, of	(State)
P02000029024			
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Fl	orida Profit Corporation adop	ts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and com "Corp" "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	o". A professional corporatio	ted" or the abbreviation in name must contain the
B. Enter new principal office address,	if applicable:		
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS		
C. Enter new mailing address, if applia (Mailing address MAY BE A POST) D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agen;	OFFICE BOX) d/or registered office addres	s in Florida, enter the name o	SECRETALLAHASSEE. FLE
<u>Name of New Registered Agen;</u>	700 NE 2nd Street		
	(Florida stree	t address)	
New Registered Office Address:	Pompano Beach		33060 Jorida
New Register Office Address.	(0	City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		th and accept the obligations o	f the position.
	Signature of New Rep	gistered 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.

X Change	PT	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>	Address
1) Change			
Add			
Remove			·
T) (Thomas			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
		-
 		
		-
		
	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
if not applicable, indicate N/A)		

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
 	(no more than 90 days after amendment file date	•1
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirement epartment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amufficient for approval.	endment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendme	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required	opted by the board of directors without shareholder action and	shareholder
The amendment(s) was/were ad action was not required	opted by the incorporators without shareholder action and share	cholder
November	11, 2018	
Dated	Michael Soyur	
(By a	lirector, president or other officer - if directors or officers have	
	ed, by an incorporator – if in the hands of a receiver, trustee, or need fiduciary by that fiduciary)	other court
uj.y.o	Michael Scarpino	
	(Typed or printed name of person signing)	
	President	· <u>·</u>
	(Title of person signing)	