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Certified Copies	_ Certificates	or Status
Special Instructions to	Filing Officer:	
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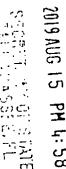
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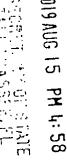


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Olympus Executi	ve Realty INC			
DOCUMENT NUMB	ER: P17000082941		······································		
The enclosed Articles of	of Amendment and fee are su	bmitted for tiling.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Michelle L. Holcomb				
•		Name of Contact Person	n		
	Olympus Executive Realty INC				
-	<u> </u>	Firm/ Company			
	16002 Lakasida Driva Sui	ito C			
-	16903 Lakeside Drive, Su	Address			
-	Montverde, FL 34756	City/ State and Zip Cod			
		City/ State and 2.1p Cod	C		
Olym	pusRealty@protonmail.com	m	V		
		sed for future annual report	notification)		
	concerning this matter, pleas	se call:			
Michelle L. Holcomb		at (<u>407</u>) 469-0090		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check 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		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle		
		Tallaha	assee, FL 32301		

Articles of Amendment

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Articles of Incorporation

of

Olympus Executive Realty INC. (Name of	of Corporation as curre	ntly filed with the Flo	rida Dept. of State)	
P17000082941				
	(Document Number	of Corporation (if kno	own)	
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, th	is <i>Florida Profit Corp</i>	oration adopts the following	amendment(s)
A. If amending name, enter the new na	ime of the corporation:			
N/A				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	· "Co". A profession		
3. Enter new principal office address,	if applicable:	N/A	-411 -411	2019 AUG
Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		T] T] i	
				5
		-	<u> </u>	7 17
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	د	<u> </u>
(Studing undress MAT BE A POST OFFICE BOX)				58
D. If amending the registered agent an	d/or registered office ac	dress in Florida, ente	er the name of the	
new registered agent and/or the nev	v registered office addr	PSS1		
Name of New Registered Agent	N/A			
	(Florida	street address)		
New Registered Office Address:	N/A		, Florida N/A	
		(City)	Zip Ce	nde)
New Registered Agent's Signature, if c hereby accept the appointment as regist			obligations of the position.	
	Standard (N	v Revistered Avent. if c	having	

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	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>	<u>Addres</u> s
1) Change	D	Nancy Pruitt, PA	16903 Lakeside Drive, Suite 6 Montverde, FL 34756
X Add			Widikverde, i E 34730
Remove			
2) Change			
Add			
Remove			
3) Change			_
Add			
Remove			
4) Change		_	_
Add			
Remove			
51 Change			
Add			
Remove			
6) Change		<u> </u>	_
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	r adding additional s nal sheets, if necessor				
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provisions fo	ent provides for an e r implementing the a	mendment if not c	ontained in the an	nendment itself:	es,
(if not ap _l	plicable, indicate N/A)			
N/A					
	_ · -				
 					

The date of each amendment(s) adoption: N/A date this document was signed.	, if other than the
Effective date if applicable: N/A	
(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 document's effective date on the Department of State's records.	will not be listed as the
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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	ı
"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_08/09/2019	
Signature Mill Hone (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)	
Michelle L. Holcomb	
(Typed or printed name of person signing)	 -
President	
(Title of person signing)	

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