## P17000082941

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Olympus Execu	tive Realty INC	<u>_</u>
DOCUMENT NUMBER: P17000082941		
The enclosed Articles of Amendment and fee are s	submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Michelle L. Holcomb		
	Name of Contact Person	1
Olympus Executive Realt	y INC	
	Firm/ Company	
16903 Lakeside Drive, Su	uite 6	
<del></del>	Address	
Montverde, FL 34756		
	City/ State and Zip Code	e
OlympusRealty@protonmail.co		
E-mail address: (to be t	used for future annual report	notification)
For further information concerning this matter, plea	ase call:	
Michelle L. Holcomb	at (407	)_469-0090
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$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	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Olympus Executive Realty INC					
(Name o	of Corporation as currently	filed with the Florida Dep	t. of State)		
P17000082941					
	(Document Number of C	Corporation (if known)			
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation a	dopts the following	g amendmen	t(s) to
A. If amending name, enter the new na	ime of the corporation:				
N/A				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 corpora	orated" or the acation name must o	- bbreviation	t 3ar
B. Enter new principal office address,		<u>N/A</u>		<u> </u>	eter
(Principal office address MUST BE A ST	IREET ADDRESS )			9	i.a-
			r r	H	ř
				<del>ှု မှ</del> ာ	A-57
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		<u>N/A</u>		27	
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the nar	ne of the		
Name of New Registered Agent	N/A				
Name of New Registered Agent		<del></del>			
	(Florida stree				
		r aduress)			
New Registered Office Address:		72	, Florida N/A	·	
	K.	lity)	(Zip C	.oae)	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe		th and accept the obligation	s of the position.		
	Signature of New Rey	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.

Example: X.Change	<u>PT</u> Jo	ohn Doe	
X Remove	<u>v</u> <u>M</u>	like Jones	
<u>X</u> Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>D</u>	Michelle M. Joyeux	16903 Lakeside Drive, Suite 6 Montverde, FL 34756
XAdd			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
S 21			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
·	<del></del>
<del></del>	
E. If an amondment are identification and	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis of the angle of its and an angle of the ang
(if not applicable, indicate N/A)	
<u>N/A</u>	<del></del>

The date of each amendment		, if other than the
date this document was signed	•	
Effective date if applicable:	N/A	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date with the Department of State's records.	II not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	··	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated 08/27	7/2019	
Signature	miduleHCD	
	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court	
	pointed fiduciary by that fiduciary)	
	Michelle L. Holcomb	
	(Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	<del></del>