## P21000068304

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Business Chury Manie)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
|   |
| Special Instructions to Filing Officer: |
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ECRETALOT OF STAT TALLAHASSEE, FL

## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

| Division of Corpo  | rations                                     |   |  |  |  |  |
|--|---|---|--|--|--|--|
| NAME OF CORPOR   | ATION: All With Real Esta                   | te Property Corp  | a  |  |  |  |
|  | ER:P21000068304                             |   |  |  |  |  |
| The enclosed Articles of                                   | of Amendment and fee are sul                | omitted for filing.   |  |  |  |  |
| Please return all corres                                   | pondence concerning this ma                 | tter to the following:  |  |  |  |  |
|  |   | Isabel C. Yepes Suarez  |  |  |  |  |
| -  |   | Name of Contact Person  |  |  |  |  |
|  | Al  | With Real Esate Property  | Corp   |  |  |  |
| -  | Firm/ Company                               |   |  |  |  |  |
|  | 1   | 1200 Biskeyne Blyd Apr 5  | 33   |  |  |  |
| -  |   | Address   | ·····  |  |  |  |
|  |   | Miami, FL 33181   |  |  |  |  |
| -  | <del></del>                                 | City/ State and Zip Code  | :- <del> </del>  |  |  |  |
|  | δί  | erencia@todoconpropiedac  | l.com  |  |  |  |
| -  | ~   | sed for luture annual report  |  |  |  |  |
| For further information                                    | concerning this matter, pleas               | se call:  |  |  |  |  |
| Isabel C Yepes   | Suarez                                      | 7 <b>8</b> 6  | 2029366  |  |  |  |
| Name of Contact Person                                     |   | at (  |  |  |  |  |
| Enclosed is a check for                                    | the following amount made                   | payable to the Florida Dep  | artment of State:  |  |  |  |
| S35 Filing Fee   | ☐\$43.75 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |  |  |
| Mailing Address Amendment Section Division of Corporations |   | Ameno   | Address Iment Section on of Corporations   |  |  |  |

SECRETARY OF STA

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

All With Real Estate Property Corp

| (Name of Corporation as currently filed with the Florida Dept. of St.  | ıte)               | <del></del>  |
|--|--------------------|--------------|
| P21000068304   |                    |              |
| (Document Number of Corporation (if known)   |                    |              |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the its Articles of Incorporation:   | e following amendm | ent(s) to    |
| A. If amending name, enter the new name of the corporation:  |                    |              |
|  | The ne             |              |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the c<br>"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name m<br>"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)  |                    |              |
|  |                    | 202          |
|  | JE SE              | <u>&gt;</u>  |
|  | 77                 | <b>⊅</b> 0   |
| 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:  | E 克罗               | Ė            |
|  | <b>#</b> 9         | $\mathbb{F}$ |
| Name of New Registered Agent   | <u> </u>           | <del></del>  |
|  | 근목                 | <u></u>      |
| (Florida street address)   | m                  |              |
| New Registered Office Address:   | la                 |              |
| (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   |                    |              |
| Check if applicable  |                    |              |

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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                      | <u>PT</u>    | John Doe    |  |               |
|-------------------------------|--------------|-------------|--|---------------|
| X Remove                      | ¥            | Mike Jones  |  |               |
| X Add                         | <u>sv</u>    | Sally Smith |  |               |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u> | Address                                |               |
| 1) Change                     |              |             |  |               |
| Add                           |              |             |  |               |
| Remove                        |              |             |  |               |
| 2) Change                     |              |             |  |               |
| Add                           |              |             |  |               |
| Remove 3) Change              | <u></u>      |             |  |               |
| Add                           |              |             |  |               |
| Remove                        |              |             |  |               |
| 4) Change                     | <del></del>  | -           |  |               |
| Add                           |              |             | —————————————————————————————————————— |               |
| Remove                        |              |             | >'♡ %                                  | <b>u</b> . 4, |
| 5) Change                     | ·            |             | APR -4                                 | The second    |
| Add                           |              |             |  |               |
| Remove                        |              |             |  |               |
| 6) Change                     |              |             |  |               |
| Add                           |              |             |  |               |
| Remove                        |              |             |  |               |

|  | ption:  | , if other than the           |
|--|---|-------------------------------|
| date this document was signed.   |   |                               |
| Effective date if applicable:  |   | <del></del>                   |
|  | (no more than 90 days after amendment file date)  |                               |
| Note: If the date inserted in this blo<br>document's effective date on the Dep | sek does not meet the applicable statutory liling requirements, this dartment of State's records.   | ate will not be listed as the |
| Adoption of Amendment(s)   | (CHECK ONE)   |                               |
| ☐ The amendment(s) was/were adoptaction was not required.                      | ted by the incorporators, or board of directors without shareholder act   | ion and shareholder           |
| ☐ The amendment(s) was/were adop<br>by the shareholders was/were suf           | ted by the shareholders. The number of votes east for the amendment ficient for approval.   | .(s)                          |
|  | oved by the shareholders through voting groups. The following statem ach voting group entitled to vote separately on the amendment(s):  | nent                          |
| "The number of votes east f  | or the amendment(s) was/were sufficient for approval  |                               |
| by   | <u></u>   |                               |
|  | (voting group)  |                               |
| selected   | cetor, president or other officer—if directors or officers have not been by an incorporator—if in the hands of a receiver, trustee, or other conditional diductory by that fiductory)  Isabel Yepes Suarez. | PREDVIAS                      |
|  | (Typed or printed name of person signing)   |                               |

President

(Title of person signing)