## 180510

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THE THE PROPERTIONS

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JUN 22 2019

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	N: HOLSTON APAI	RTMENTS INC			
DOCUMENT NUMBER: 1					
The enclosed Articles of Amer	ndment and fee are si	ubmitted for filing.	· - · · · · · · · · · · · · · · · · · ·		
Please return all corresponden	ce concerning this ma	atter to the following:			
CLINT	C MOYLAN				
<del></del>		Name of Contact Person	n		
HOLST	HOLSTON APARTMENTS INC				
<del></del>		Firm/ Company			
521 SA	N SERVANDO AVI	Ξ			
<del></del>		Address			
CORAL GABLES, FL 33143					
<del></del>		City/ State and Zip Code	e		
carterent@cor	ncast.net				
E-r	nail address: (to be u	sed for future annual report	notification)		
For further information concern	ning this matter, pleas	se call:			
CLINT C MOYLAN		at ( 305	975-4805		
Name of Contact Person		Area Coo	de & Daytime Telephone Number		
Enclosed is a check for the foll	owing amount made	payable to the Florida Depa	rtment of State:		
	43.75 Filing Fee & ertificate 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 Add Amendment 9 Division of C P.O. Box 632 Tallahassee, 1	S <del>e</del> ction orporations 17	Amendi Division Clifton 2661 Ex	Address ment Section n of Corporations Building secutive Center Circle ssee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

HOL	ST.	ON	AP	<b>ART</b>	ME	2TV	INC
		$\sim$ .	7 LL 4	- L1 / 1	IVIL	<b>3</b> 1 . 3	1111.

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
180510	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: HOLSTON INC	-
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	"Co" A professional comporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
	- CRET
	TAR STAR
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A O O O O O O O O O O O O O O O O O O O
<u> </u>	200
D. If amending the registered agent and/or registered office ad	dress in Florida, enter the name of the
new registered agent and/or the new registered office addre	<u>ss:</u>
Name of New Registered Agent N/A	
N1/A	treet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	<u>it:</u>
l hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
A / J A	
NIA	
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: X Change	<u>PT</u> <u>J</u>	ohn Doe		
X Remove	<u>V</u> <u>N</u>	like Jones		
X Add	<u>sv</u> <u>s</u>	ally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
l) Change	N/A	N/A		N/A
Add				
Remove				
2) Change		<del></del>	<del></del>	
Add				
Remove				
3) Change	<del></del>			
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

(Attach additional sheets, if necessary).	cles, enter change(s) here:  (Be specific)
N/A	(be specific)
F. If an amendment provides for an excha	inge, reclassification, or cancellation of issued shares,
provisions for implementing the amen-	ange, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
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(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
provisions for implementing the amen-	ange, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:

The date of each amendment(s date this document was signed.	s) adoption:	, if other than the
_	N/A	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
	nis block does not meet the applicable statutory filing requirements, this e Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment e sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	rment
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	adopted by the board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
JUNE Dated	6, 2019	
Signature	arcan	
(By sel-	a director, president or other officer – if directors or officers have not be ected, by an incorporator – if in the hands of a receiver, trustee, or other continued fiduciary by that fiduciary)	
	CLINT C MOYLAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	