626263

| (Re | questor's Name) | |
|-------------------------|--------------------|-------------|
| | | |
| (Ad | dress) | |
| | | |
| (Ad | dress) | |
| • | , | |
| | -(C+-+- [7]:- (D): | - 40 |
| (CIT | y/State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| | | |
| /Du | siness Entity Nar | ma) |
| (Bu | siness Enuty Nar | nej |
| | | |
| (Do | cument Number) | |
| | | |
| Certified Copies | _ Certificates | s of Status |
| | | |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
|) | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



300354592023

11/12/20--01022--015 **35.00

2020 NOV 12 PH 5: 57 SECRETARY OF STATE

12/14/20



COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

| NAME OF CORPORATION: MIAMI GABLES REALTY, ICC | |
|--|--|
| The enclosed Articles of Amendment and fee are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| ADRIANG A. GONZALEZ Name of Contact Person MIAMI GABLES REALTY, T.M. Firm/ Company GOZI SW 94 ST ADT 6666 Address MIAMI, FL 33176 City/ State and Zip Code AGC MIAMI GABLES. COM E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| ADRIANO A. GONZAUEZ at 305, 9926478. Name of Contact Person Area Code & Daytime Telephone Number | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | |
| S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed) | |
| Mailing Address Amendment Section Amendment Section | |

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment to

FILED

Articles of Incorporation of

2020 NOV 12 PM 5: 57

| MIAMI GABLES PRALTY, INC |
|--|
| (Name of Corporation as currently filed with the Florida Dept? of State) 出て Ur STATE |
| 676 263 |
| (Document Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation: |
| A. If amending name, enter the new name of the corporation: The new |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp" "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "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) |
| 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: Name of New Registered Agent ADRIANO A. GONZALEZ |
| 10133 Sw 79 CT MIAM, Fr 33156 (Florida street address) |
| New Registered Office Address: A (City) . Florida (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. |
| 11/9 hore |
| 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 | PT | John Doe | |
|----------------------------|--------------|---------------------|-----------------|
| X Remove | V | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) X Change | PST | ADRIANO A GONZALEZ | |
| Add | | | MIAMI, F- 33156 |
| Remove | | | |
| 2) Khange | D | ADRIANO P. GONZALEZ | |
| Add | | | MANI, £ 33156 |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | , |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| xttach additiona | adding additional Ar al sheets, if necessary). | . (Be specific) | | | |
|------------------|---|--------------------|----------------------|--|---------------|
| | | | | | |
| | · · · · · · · · · · · · · · · · · · | | | | ···· |
| | | | | | |
| | | <u> </u> | • | | |
| | | | | | |
| | | | | | |
| <u> </u> | | | - | | |
| | | | | | |
| • | | | | | |
| | _ | | <u></u> | | <u> </u> |
| | | | | | |
| | | | | | |
| | | <u> </u> | | | |
| | | | | | |
| <u> </u> | | | <u> </u> | | - |
| | | | | <u> </u> | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | <u>-</u> | | |
| | <u>.</u> | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | <u> </u> | | | | |
| | | | | | |
| f an amandma | nt provides for an ex | change reclassific | ation, or cancellati | on of issued shares. | 1 |
| provisions for | implementing the an | nendment if not co | ntained in the ame | ndment itself: | • |
| (if not app | licable, indicate N/A) | | | | |
| | | | | | |
| | | | | | |
| | | | | <u>. </u> | |
| | | | | | |
| | | | | _ | |
| | | | | | |
| <u> </u> | <u> </u> | | | | |
| <u> </u> | _ | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| The date of each amendment(s) acd date this document was signed. | option: | , if other than the |
|--|--|--|
| | | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this b document's effective date on the De | lock does not meet the applicable statutory filing requirements partment of State's records. | s, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were add action was not required. | pted by the incorporators, or board of directors without shareho | older action and shareholder |
| ☐ The amendment(s) was/were add by the shareholders was/were su | pted by the shareholders. The number of votes cast for the ame fficient for approval. | endment(s) |
| ☐ The amendment(s) was/were app must be separately provided for | roved by the shareholders through voting groups. The followin each voting group entitled to vote separately on the amendmen | g statement t(s): |
| "The number of votes cast | for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| DatedSignature(By a d selecte | irector, president or other officer – if directors profficers have and the properties of the state of the sta | not been other court |
| | (Title of person signing) | |