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O. GOLDEN DEC 1/2/2017

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: The Plaza group Limited Corporation
DOCUMENT NUMBER: K74910
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert J. Garcia
The Plaza group Limited Corp Firm/Company SE 3-d Ave Suite 2110
Miami, FL 33131
City/ State and Zip Code 14 arcia C D/42aeguity - COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert J. Garcia at (954) 630-8880 Name of Contact Person Area Code & Daytime Telephone Number
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) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Am- to	endment 22.
· Articles of Incor	rporation 2017 DEC //
The Plaza Group Lin	uited Corporation
(Name of Corporation as currently	
K74	910
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	Forida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	N/A
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent	ss in Florida, enter the name of the
(Florida stree	t address)
New Registered Office Address:	, Florida
(C	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wi	'n and accept the obligations of the position.

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>John I</u>	<u>Doc</u>	
X Remove	V Mike.	Jones .	
<u>X</u> Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u> </u>	Neil Fairman	1 SE 3 ^{CU} Ave
Add			Suite 2110
Remove			Miami, FL 33131
2)Change	2	Anthony J. Burns	1 SE 3-d Ave
Add			Suite 2110
Remove 3) Change	P	George Helustetter	Miami, FL 33131 - 1 SE 3rd Ave
$\underset{Add}{\underbrace{\hspace{1cm}}}$		<u> </u>	Suit 2110
Remove			Miomi, FL 3313,
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Art	icles, enter change(s) he	e <u>re</u> :	
(Attach additional sheets, if necessary).	' (Be spēcific)		
<i>N</i> /+			
'			
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F. If an amendment provides for an exc provisions for implementing the ame	<u>(ange, reclassification, (</u> ndment if not containe)	or cancellation of issue d in the amendment its	<u>d shares,</u> elf:
(if not applicable, indicate N/A)			
NA			
(
		·	
		 -	

The date of each amendment(s) adoption: ()(+ (2017), if other than the date this document was signed.
Effective date if applicable: (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 will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"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 12/8/17 Signature David
(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)
Robert J Garcia (Typed or printed name of person signing)
Jecretary Treasurer (Title of person signing)