## M42145

(Requestor's Name)
(Address)
(Address)
(Addicas)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
/
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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 18, 2020

MARC HAUSER HAUSER&HAUSER, PLLC 1111 KANE CONCOURSE #616 BAY HARBOR ISLAND, FL 33154

SUBJECT: BAY HARBOR INTERNATIONAL REALTY, INC.

Ref. Number: M42145

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

AN UPDATED AMENDMENT FORM PURSUANT TO SECTION 607.1006, FLORIDA STATUTES WAS REVISED FOR THE YEAR OF 2020 THROUGH LEGISLATIVE ACTION. PLEASE ENSURE THAT THIS UPDATED FORM IS USED FOR FUTURE CHANGES, PLEASE RESUBMIT.

PLEASE COMPLETE THIS FORM ONLY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 720A00023168

01/13/2021

\*\*Ms. Tallent

We presume that the new form was attached by you. It is being sent back, completed along with the old form. WE hope thi is now correct

Thank you



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 12, 2020

11/16/20

MARC HAUSER HAUSER&HAUSER, PLLC 1111 KANE CONCOURSE #616 BAY HARBOR ISLANDS, FL 33154

SUBJECT: BAY HARBOR INTERNATIONAL REALTY, INC.

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Susan Tallent Regulatory Specialist II

Letter Number: 720A00020051

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORAT	ION:	Bay Harbor International Realty, Inc.		
DOCUMENT NUMBER	:M42 <u>14</u>	5		
The enclosed Articles of A	mendment and fee are su	bmitted for filing.		
Please return all correspon	dence concerning this ma	tter to the following:		
		Marc Hauser		
<del></del> -	Name of Contact Person			
Hauser&Hauser,PLI				
Firm/ Company				
	IIII Kane Concourse, Suite 616			
	Address			
	Bay Harbor Isl,FL. 33154			
		City/ State and Zip Coo	le	
	hausermarc	@hotmail.com		
		sed for future annual repor	t notification)	
For further information co	ncerning this matter, pleas	se call:		
Marc Hause	r	at ( 30	5 ) 864-9934	
Name of Contact Person		Area C	5 ) 864-9934 ode & Daytime Telephone Number	
Enclosed is a check for the	e following amount made	payable to the Florida Dep	partment of State:	
S35 Filing Fee	S43.75 Filing Fee & Certificate 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 Address Amendment Section Division of Corporations P.O. Box 6327		Amen Divisi	Address dment Section on of Corporations Centre of Tallahassee	

Tallahassee, FL 32314+

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Bay Harbor Internationa	al Realty,INc.	
(Name of Corporation	as currently filed with the Florida Dept. of State)	
M42145		
	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the follow	ng amendment(s) to
A. If amending name, enter the new name of the corp	poration:	
		The new
	poration," "company," or "incorporated" or the abbrevial or "Co". A professional corporation name must contact the above the contact of the c	tion "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.	RESS )	<del></del>
		20
		202 JAH 12
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		<del></del>
		<u> </u>
		<u>2.</u>
D. I.C. Br. al. Land and an experience	d off and during in Classica, anton the name of the	07
<ul> <li>If amending the registered agent and/or registered new registered agent and/or the new registered off</li> </ul>		
Name of New Registered Agent		
<u> </u>		<del></del>
<del></del>	(Florida street address)	_
New Registered Office Address:	, Florida	
New Registered Office Address.		Codes
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	tered Agent: am familiar with and accept the obligations of the position	
. Miles appearance of a second and a second		
	CM. Desire L. L. Cont. C. L.	_
Signatu	ure of New Registered Agent, if changing	

Check if applicable

 $\Box$  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> <u>John I</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VD	Ofelia Sherman	P.O. Box 546945
Add			Surfside.FL. 33154
X Remove			
2) Change	VDi	- <u>-Ofelia-Sherman,Trustee</u>	P.O. Box 546945
X Add			Surfside, FL. 33154
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

amending or adding additional Arti- ttach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
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<u> </u>	<u> </u>
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an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
·	

•

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date	N.
	(no more than 90 days after amenament file uate	7
<b>Note:</b> If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirement partment of State's records.	its, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareh	nolder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the an flicient for approval.	nendment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendme	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated/o	1/2/20	
selected	rector, president or other officer – if directors or officers have I, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	178E
	(Typed or printed name of person signing)	
	VP JD	
	(Title of person signing)	