N51344

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COVER LETTER ,

TO: Amendment Section **Division of Corporations**

NAME OF COR	PORATION: Transflorida Cer	ntre, Inc.	<u> </u>
DOCUMENT N	umber: <u>N51344</u>		
The enclosed Art	icles of Amendment and fee are submi	tted for filing.	
Please return all o	correspondence concerning this matter	to the following:	
		Levine	
	(Name of Co	ontact Person)	
	Real Estate Manage	ment of America, LLC.	
	(Firm/C	Company)	
	1489 W. Palmetto F	Park Road, Suite 315	
_	(Ad	dress)	
	Boca Rato	n, FL 33486	
		and Zip Code)	
		hotmail.com or future annual report notific	ation)
For further inform	nation concerning this matter, please c	all:	
Paul Levine		_at (561) 361-491	
· (N	ame of Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a che	ck for the following amount made pay	able to the Florida Departmen	t of State:
□\$35 Filing Fee	☐ \$43.75 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)
, C F	Agiling Address Amendment Section Division of Corporations O. Box 6327 Callahassee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Cente	ons

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

2.	FILED
COO9 A	W612 CD
TALLAHA	IUG 17 AM 9: 11 SSEE. FLORIDA
f State)	E. FLORIDA

	rida Centre, Inc.	State) SEE. FLORIDA
(Name of Corporation as curr	rently filed with the Florida Dept. of	State)
	N51344	
(Document Nu	mber of Corporation (if known)	
Pursuant to the provisions of section 617.1006 he following amendment(s) to its Articles of I		or Profit Corporation adopt
A. If amending name, enter the new name of	of the corporation:	
The new name must be distinguishable and cabbreviation "Corp." or "Inc." "Company"		
B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STRE</u>)		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
(Mulling duriess Maria Services Control		
D. If amending the registered agent and/or new registered agent and/or the new reg		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chang hereby accept the appointment as registere position.		accept the obligations of th
	Signature of New Registered Agent it	f changing

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action	
TD	Brown, Gil	1489 W. Palmetto Park Road Suite 500	_ □ Add _ ☑ Remove	
<u>TD</u>	Broxmeyer, Marvin	Boca Raton, FL 33486 2220 Sun Cliffs Street Las Vegas, NV 89134	_ ☑ Add _ □ Remove	
<u>VP</u>	Rubin, Ronen	2634 NW 49th Street Boca Raton, FL 33434	_ ☑ Add _ □ Remove	
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
			<u> </u>	

The date of each amendment(s)	adoption: 7/14/09
`,	· (date of adoption is required)
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were a was/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s) al.
There are no members or men adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were ors.
	chairman or vice chairman of the board, president or other officer-if directors on been selected, by an incorporator – if in the hands of a receiver, trustee, or
	ourt appointed fiduciary by that fiduciary)
· _	Barbara Broxmeyer
	(Typed or printed name of person signing)
_	President
	(Title of person signing)