## P000005a173

| (Re                     | questor's Name)    | <u> </u>  |
|-------------------------|--------------------|-----------|
| (Ad                     | idress)            |           |
| (Ad                     | dress)             |           |
| (Cit                    | ty/State/Zip/Phone | #)        |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | siness Entity Nam  | e)        |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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| <b>T</b>  |                                     | 6. 4  |   |  |
| TO: Amendment Section Division of Corporations                              | *                                   | •   |   |  |
| NAME OF CORPORATION:  | SYLV                                | IA PROPERTIES, INC  | · · · · · · · · · · · · · · · · · · ·                               |  |
| DOCUMENT NUMBER:  | т                                   | 200000052173  | 0000052173  |  |
| The enclosed Articles of Amenda   | nent and fee are se                 | ubmitted for filing.  |   |  |
| Please return all correspondence  | concerning this ma                  | atter to the following:   |   |  |
|   |                                     | DOMENIC H. CALIC  | CCHIA   |  |
| <del></del>   |                                     | Name of Contact Po  | erson   |  |
|   | PROFES                              | SIONAL ACCOUNTIL  | NG SERVICES   |  |
|   |                                     | Firm/ Company   | <u></u>   |  |
|   | 1                                   | 520 BOTTLEBRUSH I   | OR. NE  |  |
| <del>-,</del>   |                                     | Address   |   |  |
|   |                                     | PALM BAY, FL 32   | 905   |  |
|   |                                     | City/ State and Zip   | Code  |  |
|   |                                     |   |   |  |
| E-mai   | ii address: (to be u                | sed for future annual re  | port notification)  |  |
| For further information concerning  | g this matter, plea                 | se call:  |   |  |
| DOMENIC H. CALICCHIA  |                                     | at ( 321  | 951-8878  |  |
| Name of Contact   | Person                              |   | a Code & Daytime Telephone Numb                                     |  |
| Enclosed is a check for the follow  | ving amount made                    | payable to the Florida I  | Department of State:  |  |
|   | .75 Filing Fee & tificate of Status | □\$43.75 Filing Fee<br>Certified Copy<br>(Additional copy is<br>enclosed) | Certificate of Status   |  |
| Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327 |                                     | Ar<br>Di  | reet Address nendment Section vision of Corporations ifton Building |  |

## Articles of Amendment to Articles of Incorporation of



SYLVIA PROPERTIES, INC.

| SECRETARY OF STAT IALLAHASSEE, FLORISTATION (if known)  Profit Corporation adopts the following amendment(sompany, " or "incorporated" or the abbreviation professional corporation name must contain the SESSE CRANE ROAD  MELBOURNE VILLAGE, FL 32904  N.MELBOURNE, FL 32904  Jorida, enter the name of the |
|---|
| The new mpany." or "incorporated" or the abbreviation professional corporation name must contain the MELBOURNE VILLAGE, FL 32904  N.MELBOURNE, FL 32904   |
| The new mpany." or "incorporated" or the abbreviation professional corporation name must contain the MELBOURNE VILLAGE, FL 32904  N.MELBOURNE, FL 32904   |
| The new npany," or "incorporated" or the abbreviation professional corporation name must contain the 5555 CRANE ROAD MELBOURNE VILLAGE, FL 32904 PO BOX 121535 N.MELBOURNE, FL 32904  |
| mpany," or "incorporated" or the abbreviation professional corporation name must contain the S555 CRANE ROAD MELBOURNE VILLAGE, FL 32904 PO BOX 121535 N.MELBOURNE, FL 32904  |
| mpany," or "incorporated" or the abbreviation professional corporation name must contain the S555 CRANE ROAD MELBOURNE VILLAGE, FL 32904 PO BOX 121535 N.MELBOURNE, FL 32904  |
| professional corporation name must contain the  5555 CRANE ROAD  MELBOURNE VILLAGE, FL 32904  PO BOX 121535  N.MELBOURNE, FL 32904  |
| MELBOURNE VILLAGE, FL 32904 PO BOX 121535 W.MELBOURNE, FL 32904   |
| 0 BOX 121535<br>N.MELBOURNE, FL 32904   |
| N.MELBOURNE, FL 32904   |
| N.MELBOURNE, FL 32904   |
|   |
| lorida, enter the name of the   |
|   |
|   |
|   |
| (35)  |
| Florida<br>(Ziv Code)   |
| ss)   |

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 little 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:<br>X Change       | <u>PT</u>   | John Doc     |   |
|----------------------------|-------------|--------------|---|
| X Remove                   | <u>v</u>    | Mike Jones   |   |
| _X Add                     | <u>sv</u>   | Sally Smith  |   |
| Type of Action (Check One) | Title       | Name         | <u>Addres</u> s                         |
| I) Change                  | D           | SYLVIA ORTIZ | 5609 CRANE ROAD                         |
| XXAdd                      |             |              | MELBOURNE VILLAGE                       |
| Remove                     |             |              | FL 32904                                |
| 2) Change                  |             |              |   |
| Add                        |             |              | *************************************** |
| Remove                     |             |              |   |
| 3 ) Change                 | <del></del> |              |   |
| Add                        |             |              |   |
| Remove                     |             |              |   |
| 4) Change                  | <del></del> |              |   |
| Add                        |             |              |   |
| Remove                     |             |              |   |
| 5) Change                  | <del></del> |              |   |
| Add                        |             |              |   |
| Remove                     |             |              |   |
| 6) Change                  |             |              |   |
| Add                        |             |              |   |
| Remove                     |             |              |   |

|  | ticles, enter change(s) here: (Be specific)                |
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| f an amendment provides for an eych  | hange, reclassification, or cancellation of issued shares. |
|  | endment if not contained in the amendment itself:          |
| provisions for implementing the ame  | endment if not contained in the amendment usen.            |
| (if not applicable, indicate N/A)  | enament if not contained in the amendment risen.           |
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| (if not applicable, indicate N/A)  | endment is not contained in the amendment (isens           |

| The date of each amendment(s) adate this document was signed.         | adoption: November 24, 2015   | if other than the                  |
|---|---|------------------------------------|
| Effective date <u>if applicable</u> :                                 | January 1, 2016   |                                    |
| <u></u>   | (no more than 90 days after amendment file date)  |                                    |
| Note: If the date inserted in this document's effective date on the D | block does not meet the applicable statutory filing requirements, the partment of State's records.  | his date will not be listed as the |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )  |                                    |
| ■ The amendment(s) was/were ac<br>by the shareholders was/were s      | dopted by the shareholders. The number of votes cast for the amendate of the sufficient for approval.   | nent(s)                            |
|   | oproved by the shareholders through voting groups. The following store each voting group entitled to vote separately on the amendment(s)  |                                    |
| "The number of votes cas  | st for the amendment(s) was/were sufficient for approval  |                                    |
| by  | 55  |                                    |
|   | (voting group)  |                                    |
| ☐ The amendment(s) was/were action was not required.                  | dopted by the board of directors without shareholder action and share   | eholder                            |
| ☐ The amendment(s) was/were action was not required.                  | dopted by the incorporators without shareholder action and sharehold  | ler                                |
| Dated Nove  | ember 24, 2015  |                                    |
| Signature   |   |                                    |
| (By a select  | director, president or other officer – if directors or officers have not ed, by an incorporator – if in the hands of a receiver, trustee, or othe nted fiduciary by that fiduciary) |                                    |
|   | FERNANDO ORTIZ  |                                    |
|   | (Typed or printed name of person signing)   |                                    |
|   | DIRECTOR  |                                    |
|   | (Title of person signing)   | 1) - 4, 40 \$                      |