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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPO	ORATION: MKG Realty Inves	itments Inc.	· · · · · · · · · · · · · · · · · · ·		
DOCUMENT NUM	P00000074158				
The enclosed Article	es of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	Steven Rosenthal				
		Name of Contact Person	n		
	Marx Rosenthal PLLC				
		Firm/ Company			
	One SE Third Avenue, Suite	2900			
	Address				
	Miami, FL 33131				
		City/ State and Zip Cod	e		
stev	re@marxrosenthal.com				
		sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
Steven Rosenthal		786 at (57.5 5	
Name	e of Contact Person		de & Daytime Telephone Number))	
Enclosed is a check (for the following amount made	payable to the Florida Depa	artment of State:	^^つ こ て	
■ \$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)	1: 32 22	
Mailing Address Amendment Section		Ameno	Address Iment Section		
Di	vision of Corporations	Divisio	on of Corporations		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MKG Realty Investments Inc.		
(Name of Corporation as cur	rrently filed with the Florida Dept. of State)	
P00000074158		
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	this Florida Profit Corporation adopts the follow	ring amendment(s) to
A. If amending name, enter the new name of the corporation	on:	
		The new
name must be distinguishable and contain the word "corpe" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbrevia	' or "Co". A professional corporation name mu	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	C/O Daniel Richards	
<u> </u>	PO Box 434	
	Cabin John, MD 20818	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		
-		
Name of New Registered Agent		
/Flor	ida street address)	
(Fibr	iaa sireer taan essy	그 얼 말라
New Registered Office Address:	(City) Florida Florida	in Code)
		•
New Registered Agent's Signature, if changing Registered A		
I hereby accept the appointment as registered agent. I am fam	illiar with and accept the obligations of the position	1.

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.

X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	D	Victor Richards	7900 S.W. 57TH Avenue
Add			Miami, FL 33143
x Remove			
2) Change	P. D	Daniel A. Richards	PO Box 434
X Add			Cabin John, MD 20818
Remove			
3) X Change	S, T	Daniel A. Richards	PO Box 434
Adđ			Cabin John, MD 20818
Remove			
4) Change			· ·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additiona</i>	dding additional Ar l sheets, if necessary).	(Be specific)			
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<u>provisions for i</u>	t provides for an exc mplementing the am	hange, reclassific	ation, or cancella	tion of issued sha	ares.
(if not appli	cable, indicate N/A)				
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			<u></u>	· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) date this document was signed.	August 15, 2018 adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this dat Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.)
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	ni
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	г
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Septemb Dated	er 24. 2018	
Signature		
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Daniel Richards	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	