Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : I20000000205 Phone : (305)416-6800 Fax Number : (305)416-6811

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

1050 Dagi-ra.com

HBDEC I I PM 4: 4 ECRETARY OF STAT TALLAHASSEE, FL

COR AMND/RESTATE/CORRECT OR O/D RESIGN ALOMA SEMINOLE PROPERTY, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
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Electronic Filing Menu

Corporate Filing Menu

Help

C. GOLDEN

DEC 1 2 2018

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COVER LETTER

| TO: Amendment Section Division of Corpor | | | |
|---|---|--|--|
| NAME OF CORPOR | ATION: ALOMA SEMINO | LE PROPERTY, INC. | |
| DOCUMENT NUMBI | | | |
| The enclosed Articles of | f Amendment and fee are sub | omitted for filing. | , |
| Please return all corresp | condence concerning this mat | ter to the following: | |
| j | lose M. de la O | | |
| - | | Name of Contact Perso | n |
| , | AGI Registered Agents, Inc. | | |
| | | Firm/ Company | |
| | 1000 Brickell Ave., Suite 300 | • | |
| • | | Address | |
| 1 | Miami, FL 33131 | | |
| - - | | City/ State and Zip Cod | le |
| jose@ | agi-ra.com | | |
| | | ed for future annual report | t notification) |
| | | | |
| For further information | concerning this matter, pleas | e call: | |
| Jose M. de la O | | at (³⁰⁵ |) 416-6800 ode & Daytime Telephone Number |
| Name o | f Contact Person | Area Co | ode & Daytime Telephone Number |
| Enclosed is a check for | the following amount made p | payable to the Florida Dep | artinent 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) |
| Ame Divis P.O. | ling Address Indiment Section Is on of Corporations Box 6327 Inhassee, FL 32314 | Amen Divisi Clifto 2661 | t Address dment Section on of Corporations n Building Executive Center Circle hassee, FL 32301 |

(((H180003517423))) **D**

Articles of Amendment to Articles of Incorporation of

2018 DEC 11 AM 9: 38

LITERATE OF STATE
TALLAHASSEE, FL

| ALOMA SEMINOLE PROPERTY, INC | | TALLAHASSE |
|---|---|---|
| (Name o | f Corporation as curren | tly filed with the Florida Dept. of State) |
| | /D 137 1 | |
| | | of Corporation (if known) |
| Pursuant to the provisions of section 607, its Articles of incorporation: | 1006, Florida Statutes, thi | s Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new na | me of the corporation: | |
| | _ | The new |
| rume must be distinguishable and cons "Carp.," "Inc.," or Co.," or the design word "chartered," "professional associa | ation "Corp," "Inc," or | ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the |
| B. Enter new principal office address, | if applicable: | 1000 Brickell Ave. |
| (Principal office address MUST BE A S | TREET ADDRESS) | Suite 300 |
| | | Miami, FL 33131 |
| C. Enter new mailing address, if appli (Mailing address MAY BE A POST of | <u>cable:</u> OFFICE BOX) | |
| D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent | d/or registered office adverses to a disconsistered office address. AGI Registered Agents, i | 55: |
| | 1000 Brickell Ave., Suits | : 300 |
| | | treet address) |
| New Registered Office Address: | Miami | Florida 33131 |
| | | (City) (Zip Code) |
| New Registered Agent's Signature, if ch I hereby accept the appointment as registe | ered agent. I am fafilliar | t: with and accept the obligations of the position. Registered Agent, if changing |

Example:

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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:

3054166811

F = 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 PI John Doe Mike Jones X Remove X Add <u>SV</u> Sally Smith Type of Action Address Title Name (Check One) **PSTD** HUNT, ROBERT J. 185 NW SPANISH RIVER BLVD. Change **SUITE # 220** ____Add BOCA RATON, FL 33431 Remove 1000 BRICKELL AVE. PD MUNARETTO, ELIO 2) ____ Change SUITE 300 Add MIAMI, FL 33131 Remove 1000 BRICKELL AVE. STD PELEAZ, EDUARDO 3) ___ Change SUITE 300 MIAMI, FL 33131 _ Remove 4) ____ Change ____ Add __ Remove .5) ____ Change __ Add Remove δ) _____ Change ____ Add Remove

Page 2 of 4

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| If an amendment provides for an exchange, reclassification, or cancellation of issued shares. provisions for implementing the amendment if not contained in the amendment listelf: (If not applicable, indicate N/A) | Attach additional sheets, if necessary). (Be specific) |
|--|---|
| If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: | |
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| The date of each amendment(s) adoption: | , 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 cocument's effective date on the Department of State's records. | will not be listed as the |
| 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 | |
| (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) | |
| Elio Munaretto | |
| (Typed or printed name of person signing) | |
| President | |
| (Title of person signing) | |