POI 000043142

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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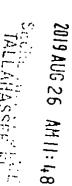
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	s. Inc.	
DOCUMENT NUM	BER: P01000043142	<u> </u>	<u> </u>
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Cyndi Kilpatrick		
		Name of Contact Person	n
	Downtown Partners, Inc. dba	RE/MAX Metro	
		Firm/ Company	The second secon
	150 2nd Avenue N., Suite 10		
		Address	
	St. Petersburg, FL 33701		
		City/ State and Zip Cod	e
eynd	ik@remax.net		
	•	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Cyndi Kilpatrick		727 at (896-1800 x241
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 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)
	iling Address		Address
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
	. Box 6327		Building
Tallahassee, FL 32314			Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Downtown Partners, Inc.	
(Name of Corporatio	n as currently filed with the Florida Dept. of State)
P01000043142	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADD</u>	RESS)
	>c 9 C: >> ===
	
C. Enter new mailing address, if applicable:	AHAS
(Mailing address MAY BE A POST OFFICE BOX	
D. If amending the registered agent and/or registere	d office address in Florida, enter the name of the
new registered agent and/or the new registered of	
Name of New Registered Agent	
Name by New Negatierea ngem	
	(Florida street address)
); b ; (0); 411	
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Regi	
i nereny accept the appointment as registered agent. I	am familiar with and accept the obligations of the position.
Signa	ture 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.

Example: X Change	<u>PT</u>	John De	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sr	<u>níth</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
I) Change	S		Mindy Rovillo	11895 Walker Ave
Add				Seminole, FL 33772
X Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				···
6) Change		_		
Add				
Remove				

Attacl	ding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)	
	<u> </u>	
f an . prov	nendment provides for an exchange, reclassification, or cancellation of issued shares, ons for implementing the amendment if not contained in the amendment itself:	
(not applicable, indicate N/A)	

	8/20/2019	
The date of each amendment(s)		, if other than the
date this document was signed.		
	/20/2019	
Effective date if applicable:	(no more than 90 days after amendment file date)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(no more than 90 days after amenament file aute)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this da Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s sufficient for approval.	s)
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required. The amendment(s) was/were	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	er
action was not required.		
8/21/201 Dated	9	
Signature	5/2/	
	a director, president or other officer - if directors or officers have not been	
	cted, by an incorporator - if in the hands of a receiver, trustee, or other cour	1
арро	pinted fiduciary by that fiduciary)	
	Richard Brown	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	