## P01000088172

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## **COVER LETTER**

**TO:** Amendment Section ✓ Division of Corporations

•	
NAME OF CORPORATION:AL	L FLORIDA REAL ESTATE
DOCUMENT NUMBER:	L FLORIDA REAL ESTATE POIDODO88172 GROUP
The enclosed Articles of Amendment and fee are sul	bmitted for filing.
Please return all correspondence concerning this mat	tter to the following:
	Shiline Hammond
	Name of Contact Person
all =	Horida Real Estate Choup
	Firm/ Company
	'en 2650
	Address
· Isran	don 42 33509
- 1	City/ State and Zip Code
54	rislene@allfl.net
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, pleas	e call:
Shulen Ham	mond 8/3 681-8800
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
·/	
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee  Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee  Certificate of Status  Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

	Articles of Incorporation	
all Doria	la Real Estate She	rep
(Name of Corporation	on as currently filed with the Florida Dept. of State)	<i>V</i> → •
	P 0 1 0000 8811	<u> </u>
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the folk	wing amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
		m)
	d "corporation," "company," or "incorporated" or the "incorporation name mathematics or "Co". A professional corporation name mathematics or "P.A."	
B. Enter new principal office address, if applicable:		23
(Principal office address MUST BE A STREET ADD		
<i>/</i> `	<del> </del>	
		TIST THE D
<u> </u>		强 星 口
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	X)	200 75
7,1		32
		·
D. If amending the registered agent and/or register new registered agent and/or the new registered of		
Name of New Registered Agent		
<del></del>	(Florida street address)	<del></del>
	,	
New Registered Office Address:	, Florida,	(Zip Code)
	(5.1)	(44
New Registered Agent's Signature, if changing Regi	ristered Agent:	
	I am familiar with and accept the obligations of the posit	ion.
C:	nature of New Registered Agent, if changing	
Signi	uture oj New Registerea Agent, ij 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 PT John Doe X Remove V Mike Jones X Add SV Sally Smith Address Type of Action Title Name (Check One) Shilene Hammond 1) \_\_\_\_ Change Add Add Remove 3 ) \_\_\_\_ Change \_\_ Add Remove 4) Change \_\_\_ Add Remove 5) \_\_\_\_ Change Add Remove

6) \_\_\_\_ Change

Add

Remove

	(Be specific)
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<u> </u>	
<del></del>	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
<u>provisions for implementing the ame</u>	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	11-9-10	, if other than the
date this document was signed.		
	11-9-11	
Effective date if applicable:		
(no mor	re than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re-		s date will not be listed as the
Adoption of Amendment(s) (CHECK ON	<u>(E)</u>	
The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	ers. The number of votes cast for the amendment	ent(s)
☐ The amendment(s) was/were approved by the sharehol must be separately provided for each voting group en		tement
"The number of votes cast for the amendment(s)	was/were sufficient for approval	
by		
(voting group	り	
<ul> <li>□ The amendment(s) was/were adopted by the board of of action was not required.</li> <li>□ The amendment(s) was/were adopted by the incorpora action was not required.</li> </ul>		
Dated $1/-9-$	16	
Signature Auler	ne Hammond	
	ther officer - if directors or officers have not b	een
	- if in the hands of a receiver, trustee, or other	court
appointed fiduciary by that fi	iduciary)	-1
Sint Rout	Man Shulen	e Hannord
(Typed or	printed name of person signing)	
Wendy Spailed Dr	exten Former	DP
• • • • • • • • • • • • • • • • • • • •	(Title of person signing)	
	/	