PO20000 43617

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Amend

MAY 20 2019

I ALBRITTON

COVER LETTER

Division of Corporations NAME OF CORPORATION: MINNESOTA APARTMENTS, INC. DOCUMENT NUMBER: P02000043677 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARC LABOSSIERE Name of Contact Person MARC LABOSSIERE PA Firm/ Company 2637 N ANDREWS AVENUE Address WILTON MANORS FLORIDA 33311 City/ State and Zip Code MARC@CPAMARC.COM U-mail address: (to be used for future annual report notification) For further information concerning this matter, please call; MARC LABOSSIERE at (954) 7634214 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ₩ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filling Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed). (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations Clation Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MINNESOTA APARTMENTS, INC.

(Name of Corporal	tion as currently f	iled with the Florida Dept	of States		
P02000043677		NG AM UK FUZ ION IX P			
	iment Number of C	orporation (it known)			
Pursuant to the provisions of section 607,1006, Floridist Articles of Incorporation:	da Statutes, this Flo	orida Profit Corporation ac	topis the following amendn	nent(s) to	
A. If amending name, enter the new name of the o	corporation:				
			The ne		
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p, " "Inc," or "Co	". A professional corpora			
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)					
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>)	<u>0X</u>)			2013;**:3	*** ******* *******
D. If amending the registered agent and/or registance new registered agent and/or the new registered		s in Florida, enter the nan	ne of the	PH 5: 1:6	
Name of New Registered Agent			 	1,6	
	(Florida street	address)			
New Registered Office Address:	(C)		. Florida		
	16.1	iù)	сг.р Солет		
New Registered Agent's Signature, if changing Re					
I hereby accept the appointment as registered agent.	I am familiar with	h and accept the obligation	of the position.		
	nature of Vest P	istored Australit 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:

(Anach 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 PSF 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, PF as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	PT	<u>John De</u>	<u>v.</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>SV</u>	Sally So	nith	
Type of Action (Check One)	Title		Name	Address
1) Change	D	_	SYLVAIN RACINE	310 GRANT ST
XAdd				HOLLYWOOD FL 33019
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		.		
Add				
Remove				
S) Change		_		
Add		_		
Remove				
6) Change		_		
Add				
Remove				

<u>If amen</u> (Anach <i>a</i>	ling or adding additional Articles, enter change(s) here: dditional sheets, if necessary).— (Be specific)
provisi	endment provides for an exchange, reclassification, or cancellation of issued shares, and for implementing the amendment if not contained in the amendment itself; not applicable, indicate N/A)

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 filling requirements, this date widocument's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHRCK 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 cust for the amendment(s) was/were sufficient for approval	
hy	
(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 05/06/2019	
Signature	
selected, by an incorporator — if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
HELENE RACINE	
(Typed or printed name of person signing)	
SECRETARY	
(Title of person signing)	