(Rec	questor's Name)	
(Add	fress)	
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(City	//State/Zip/Phon	e #)
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(Doc	cument Number))
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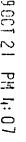


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SHELTER REAL	ESTATE INVESTME	T CORP.		
DOCUMENT NUMB	P03000029010				
The enclosed Articles of	of Amendment and fee are sul	omitted for filing.			
Please return all corres	pondence concerning this mat	ter to the following:			
	Claudio A. Costa				
-		Name of Contact P	erson		
	Shelter Real E#state Investment Corp.				
-		Firm/ Compan	у		
	3178 Via Poinciana # 307				
-	Address				
	Lake Worth - FL 33467				
-		City/ State and Zip	Code		
endece	o@aol.com				
- Cadeet	E-mail address: (to be us	ed for future annual re	nort notification)		
	to man admitton (to be at		port normalism,		
For further information	concerning this matter, pleas	e call:			
Claudio A. Costa		at (954	650-6941		
Name o	f Contact Person		a Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	ayable to the Florida	Department of State:		
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status		
Mailing Address Amendment Section			reet Address nendment Section		
	ion of Corporations		vision of Corporations		
	Box 6327	Clifton Building			
Talla	hassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SHELTER REAL ESTATE INVESTMENT CORP

(Name	of Corporation as curren	ly filed with the Florida De	pt. of State)	
P03000029010				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the follow	ving amendment(s
A. If amending name, enter the new n	ame of the corporation:			
				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corpo		
B. Enter new principal office address, if applicable:		N/A		
(Principal office address <u>MUST BE A S</u>				23
				90
				
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A		21
muting dauress MAT BE A POST OFFICE BOX)				P
		 		
				111
D. If amending the registered agent an new registered agent and/or the ne			ame of the	
	N/A			
Name of New Registered Agent				
	(Florida s	treet address)		
New Registered Office Address:	N/A		. Florida	
New Registerea Office Adaress:		(City)		lip Code)
New Registered Agent's Signature, if c	honging Degistered Agen	t·		
hereby accept the appointment as regis			ons of the positio	n.
	AIA	D		
	Cianatana af Mana	Paristand toom if sharain		

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> <u>Johr</u>	<u>ı Doc</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	Dr / Set	ANTONIO RHOSSARD	4969 Leeward Lane
Add			Dania, Florida 33312
Remove			
2) Change			_ \
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			/
Add			
Remove			

If amending or adding as (Attach additional sheets,	Iditional Articles	s, enter change	e(s) here:			
(Attach adamonal sneets,	j necessary). (i	ве кресіліс)				
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If an amendment provider provisions for implementations.	s for an exchang	<u>ze, reclassificat</u>	<u>tion, or cancel</u> tained in the u	lation of issue	d shares,	
(if not applicable, in	licate N/A)	nent ii not con	tamed in the a	mentament ns	<u> </u>	
1/0						
_V/H						• •
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				`		

	October, 18th, 2019	
The date of each amendment		, if other than the
date this document was signed		
	Same as above	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dhe Department of State's records.	late will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.	(s)
	re approved by the shareholders through voting groups. The following statened for each voting group entitled to vote separately on the amendment(s):	ient
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
	per, 18th, 2019	
Dated		
	00 // //2=	
Signature (Hando & the	
	by a director, president or other officer – if directors or officers have not been	
•	elected, by an incorporator – if in the hands of a receiver, trustee, or other cou	
	pointed fiduciary by that fiduciary)	
	CLAUDIO A. COSTA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person cigning)	