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T. LEMIEUX



COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: 2875 Realty, Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Elliott Harris, Esq. Name of Contact Person Elliott Harris, P.A. Firm/ Company 111 SW 3rd Street, 6th Floor Address Miami, Florida 33130 City/ State and Zip Code liza@eharrispa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 358-0146
Area Code & Daytime Telephone Number Elliott Harris 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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address Amendment Section** Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

2875 REALTY, INC.			
(Name of Corporat	tion as currently filed with the Flo	rida Dept. of State)	
P04000012529			
(Docu	ment Number of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this Florida Profit Corp	oration adopts the following amendment(s) to	
A. If amending name, enter the new name of the c	corporation:		
		The new	
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 profession	"incorporated" or the abbreviation	
B. Enter new principal office address, if applicable	le:		
(Principal office address <u>MUST BE A STREET AD</u>			
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	0Y)		
(Mauring dualess MAT BE ATOST OFFICE BO			
D. If amending the registered agent and/or register		er the name of the	
new registered agent and/or the new registered	1 office address:		
Name of New Registered Agent			
	(Florida street address)		
	,		
New Registered Office Address:	. (City)	, Florida (Zip Code)	
	. (Cily)	(Zip Code)	
Name Designational Assembly Signature if shouging De	wintound Amount		
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		obligations of the position.	
, , ,,	,	5 ,	
		i	
		Ps c	
Sig	nature of New Registered Agent, if a	changing SS 3	
		FO F T	
		SS	
		<i>m</i> ₀ ∞	
		FG O III	

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 Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	VASD	DARCIE FULGUEIRA	8603 SW 103 Street	
X Add			Miami, FL 33156	
Remove				
2) Change	TD	DAMARIE QUINTANA	8603 SW 103 Street	
X Add			Miami, FL 33156	
Remove				
3) Change		<u> </u>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

provisions for implementing the amendme	e, reclassification, or cancellation of issued shares, ent if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	· · · · · · · · · · · · · · · · · · ·
	
	<u>, , , , , , , , , , , , , , , , , , , </u>

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than	n 90 days after amendment file date)
Note: If the date inserted in this block does not meet the app document's effective date on the Department of State's records.	olicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders to must be separately provided for each voting group entitled.	
"The number of votes cast for the amendment(s) was/v	vere sufficient for approval
by(voting group)	1)
The amendment(s) was/were adopted by the board of director action was not required.	ors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators was action was not required.	ithout shareholder action and shareholder
May 2, 2017 Dated	
selected, by an incorporator - if in	fficer – if directors or officers have not been the hands of a receiver, trustee, or other court
appointed fiduciary by that fiducia Elliott Harris	ry)
(Typed or printe	ed name of person signing)
Authorized Agent/Attorney	,
	e of person signing)