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COVER LETTER

TO: Amendment Section

Division of Corporations L.O.C. Properties Inc. NAME OF CORPORATION: _ P04000013689 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Johathan R. Rukin P.A.

Name of Contact Person Jonathan R Rubin P.A. 9360 Survet Drive, Suite 285 Miami FL 33173
City/ State and Zip Code jon rubin 6 jone than rubing a. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tonathan R, Rubin at (305) 598-7331

Name of Contact Person Area Code & Daytime Telephone Number 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 (Additional Copy enclosed) is enclosed) Mailing Address **Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

Articles of Incorporation

L. O. C. Properties Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

P04000013689

| (Doc | ument Number of Corporation (if kn | own) |
|--|--|---|
| Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation: | ida Statutes, this Florida Profit Cor | poration adopts the following amendmen |
| A. If amending name, enter the new name of the | corporation: | |
| N/A | | The new |
| name must be distinguishable and contain the variable. "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the designation of the contains and the contains and the contains a second c | rp," "Inc," or "Co". A profession | or "incorporated" or the abbreviation nal corporation name must contain the |
| B. Enter new principal office address, if applica | ble: N/A | |
| (Principal office address MUST BE A STREET A | | |
| | | |
| | | |
| C. Enter new mailing address, if applicable: | ROXI NA | |
| (Mailing address MAY BE A POST OFFICE) | <u>ROX</u>) | |
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| | | |
| D. Ifdimaha maistand anat and/on wagi | stand office address in Florida on | tar the name of the |
| D. If amending the registered agent and/or registered/agent and/or the new register | | ter the name of the |
| Name of New Registered Agent | nathan R. Rubin | PA. |
| 931 | o Sout Drive & | L 2.35 |
| | O Sunset Drive Su. | (C) |
| New Registered Office Address: Hio | | , Florida 33173 |
| New Registered Office Hainess. | (City) | (Zip Code) |
| | | |
| | | |
| New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen | <u>tegistered Agent:</u> t. I am familiar with and accept the | obligations of the position. |
| · | non R. Rubin, P. | |
| | MU Areside | |
| | ignature of New Registered Agent, if | |

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 | | |
|-------------------------------|--------------|-------------|---------------|--|
| \underline{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> | <u>Addr</u> | |
| 1) Change | | Catherine | Kay Ostallino | 10735 Versailles Blud. Nellington, FL 33449 |
| X Add | | | | wellington, FL 33449 |
| Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | ***** |
| Remove | | | - | |
| 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | <u> </u> | | |
| Add | | | | <u> </u> |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | _ | | |
| Add | | | _ | |
| Remove | | | | |

| JIA | nal sheets, if necessary). | (Be specific) | | | |
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| The date of each amendment(s) adoption: | July | 26, | 2017 | , if other than the |
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| date this document was signed. | | · | | |
| Effective date if applicable: | July | 26, | 2017 | |
| | (no more than 90 |) days after | amendment file date, |) |
| Note: If the date inserted in this block does not document's effective date on the Department of S | | able statuto | ory filing requirement | s, this date will not be listed as the |
| Adoption of Amendment(s) (CH) | ECK ONE) | | | |
| The amendment(s) was/were adopted by the sby the shareholders was/were sufficient for a | | number of | votes cast for the amo | endment(s) |
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| ☐ The amendment(s) was/were adopted by the i action was not required. | ncorporators with | out shareho | older action and share | holder |
| Dated July 21 | 0,2017 | | | |
| Dated | 1 | • | | |
| Signature X (By a director, presi | dent or other offic | er – if dire | ctors or officers have | not been |
| selected, by an inco | rporator - if in the | hands of a | receiver, trustee, or o | other court |
| appointed fiduciary | by that fiduciary) | | | |
| | Robert Typed or printed i | J. 0 | stellino | |
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| President | | | | |
| | (Title o | of person si | gning) | |