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COVER LETTER

TO: Amendment Section No 12 PA 2: 12 Division of Corporations NAME OF CORPORATION: _Squone Real Estate Services, Inc. DOCUMENT NUMBER: P04000032481 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lynn B. Lewis Name of Contact Person Lynn B. Lewis, P.A. Firm/ Company 501 Brickell Key Drive, Suite 505 Address Miami, FL 33131 City/ State and Zip Code lynnlewis@lblpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lynn B. Lewis Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □S43.75 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)

Mailing Address

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

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

Articles of Amendment to Articles of Incorporation of

Articles of Inc.	orporation
of Squone Real Estate Services. Inc.	
	Glad with the Florida Dans of Sansa
P04000032481	(filed with the Florida Dept. of State)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
No change	The new
name must be distinguishable and contain the word "corporation" ("Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Coword" chartered," "professional association," or the abbreviation "Local Company of the abbreviation".	"," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	No change
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address	No change
new registered agent and/or the new registered office address:	
Name of New Registered Agent No change	-
(Florida stre	et address)
New Registered Office Address:	. Florida
New Registered Office Address:	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	egistered Agent, if 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 afficer/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>Addres</u> s
1) Change	Ast. S	Virginia Forster	290 NW 165 ST.
Add			STE. M-400
X Remove			MIAMI, FL 33169
2) Change	Ast. S	Mary Izrailov	290 NW 165 ST.
X Add			STE. M-400
Remove			MIAMI, FL 33169
3) Change		_	
Add			
Remove	٠		
4) Change			
Add			
Remove			
5) Change	· 		
Add			
Remove			
6) Change			
Add	•		
Remove			

	tional sheets, if necessary).	(Be specific)			
No change					
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F. <u>If an amenc</u>	lment provides for an exch	ange, reclassificatio	n, or cancellation of i	ssued shares,	
provisions (if not	for implementing the ame applicable, indicate N/A)	ndment if not contai	ned in the amendmen	t itself:	
N/A	approxime marcine (mar)				
					
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The date of each amendmen date this document was signed		, if other than th
Effective date if applicable:	August 5, 2019	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this che Department of State's records.	late will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/we by the shareholders was/w	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 statemed for each voting group entitled to vote separately on the amendment(s):	nent
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	re adopted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
	st 5, 2019	
Dated Signature	Alaba	
TE se	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 compounted fiduciary by that fiduciary)	
	Alvaro da Silva	
	(Typed or printed name of person signing)	
	President, Director, Treasurer, Secretary	
	(Title of person signing)	