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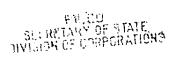
EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Pontis Rea	l Estate Service	es, Inc.
DOCUMENT NUMB	_{ER:} P0400007723	3	
	f Amendment and fee are su		
Please return all corresp	oondence concerning this ma	tter to the following:	
	Michael J. Ambro	se	
-		Name of Contact Perso	on
	Ambrose Comme	ercial Realty Gro	oup, Inc.
-		Firm/ Company	
	19 N.W. South R	iver Drive	
-		Address	
	Miami, FL 33128		
		City/ State and Zip Cod	de
mar	nbrose@pontisre	e.com	
	— ·	sed for future annual repor	t notification)
For further information	concerning this matter, pleas	se call;	
Michael J. Am	nbrose	at (305	, 608-2621 (Cell Phone)
Name of Contact Person			ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	partment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (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



Pontis Rea	al Estate	Services.	, Inc
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14 AUG - 1 AM 10: 48

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corporation:	
Ambrose Commercial Realty Group, Inc.	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable:	19 N.W. South River Drive
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Miami, FL 33128
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	19 N.W. South River Drive

	Miami, FL 33128
	Miami, FL 33128
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	dress in Florida, enter the name of the
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addrewww. Name of New Registered Agent	dress in Florida, enter the name of the
new registered agent and/or the new registered office addre	dress in Florida, enter the name of the
new registered agent and/or the new registered office addre	dress in Florida, enter the name of the ss:

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 <math>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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		-
Add				
Remove				-
2) Change		_		
Add				***
Remove				<u> </u>
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	<u></u>	_		
Add				
Remove				
6) Change				
Add				
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
provisions for implementing the amendment if not contained in the amendment itself:	
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provisions for implementing the amendment if not contained in the amendment itself:	

The date of each amendment(s) adoption: July 28, 2014	TOLLU SURRIARY OF STATE	, if other than the
date this document was signed.	រាក្សត់ជំនាំបក បានគឺ ភេសា ម៉េក	, if other than me
Effective date if applicable:	14 AUG - 1 AM 10: 48	
	ays after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	imber of votes cast for the amendment(s)	
The amendment(s) was/were approved by the shareholders throug must be separately provided for each voting group entitled to vote		
"The number of votes cast for the amendment(s) was/were si	ufficient for approval	
by(voting group)	"	
(voling group)		
The amendment(s) was/were adopted by the board of directors win action was not required.	thout shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporators without action was not required.	t shareholder action and shareholder	
Dated_July 28, 2014		
Signature		
(By a director, president or other officer selected, by an incorporator – if in the has appointed fiduciary by that fiduciary)		
Michael J. Ambrose		
(Typed or prin	ted name of person signing)	
President		
(Title	of person signing)	