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11/01/20

COVER LETTER

Division of Corporations MANUEL MESIOO PA NAME OF CORPORATION: __ 4000 147503 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MANUEL MESIDO

Name of Contact Person MANUEL MENIDO PA Firm/Company 1030 MARIPOSA AVE

Address

CORAL GABLES, FLA 33146

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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)

Mailing Address

TO: Amendment Section

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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

FILED

MANUEL MEJIOU PA 2020 OCT -1 PM 4:07

(Name of Corporation as current	ly filed with the Florida Dept. of State TARY OF STATE
_	00 147503 TALLAHASSEE, F.
(Document Number o	f'Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation"	EALTY GROUP CO The new
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	'Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable:	1030 MARIPOSA AVE
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	CORALGABLES FLA
	1030 MARIPOSA AVE CORALGABLES, FLA 33,46
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 add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent. I am familiar	wun and accept the obligations of the position.

Signature of New Registered 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 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.

X Change	<u>PT</u>	John Do	<u>e</u>			
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Sn	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s		
1) Change		- -				
Add						
Remove						
2) Change		_				
Add		_				
Remove						
3) Change		_				
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add		_				
Remove						
6) Change		_				
Add						
Remove						

amending or adding additional Art stach additional sheets, if necessary).	(Be specific)	NA		
		-///		
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an amendment provides for an exc	hange, reclassific	ation, or cancella	tion of issued shar	es,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not co	ntained in the am	endment itself:	
(g not appreciate, melicule (m))		*1/n		
<u> </u>	_	<u> </u>	·····-	<u> </u>
				
				
				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after am	endment file date)
Note: If the date inserted in this block does not meet the applicable statutory f document's effective date on the Department of State's records.	iling requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of vote by the shareholders was/were sufficient for approval.	es cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groumust be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient for a	approval
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareho action was not required.	older action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	action and shareholder
Dated9/25/20:20	
Signature Control of the Signature	67
(By a director, president or other officer – if directors selected, by an incorporator – if in the hands of a received.	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person :	J1D0
(Typed or printed name of person	signing)
PRESIDE	ENT
(Title of person signing	