P04000157121

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C. LEWIS AUG 21 2013 EXAMMER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: B. MARKS I	B. ELEVATED PF	ROPERTIES, INC.
	BER: P0400015712		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Michael D. Brown	ı, Esq.	
		Name of Contact Person	1
	Brown & Associa	tes, P.A.	
		Firm/ Company	
	2620 Lake Shore	Drive Suite 100	
		Address	
	Riviera Beach, Fl	_ 33404	
		City/ State and Zip Cod	e
ma	rks1clan@aol.con	n	
		sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Michael D. B	rown, Esq.	at (561	, 848-4306
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)
	iling Address	Street	Address
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	
		Tallah	assee, FL 32301

Articles of Amendment Articles of Incorporation of

FILED

13 AUG 16 PM 12: 34

B. MARKS B. ELEVATED PROPERTIES, INC.

SECRETARY OF STATE TALLAHASSEE, FLORIDA (Name of Corporation as currently filed with the Florida Dept. of State)

P04000157121

(Document Number of Corporation (if known)

ment(s) to

name must be distinguishable and contain the word "corporation," "company, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional association," or the abbreviation "P.A."	" or "incorporated" or the abbreviation issonal corporation name must contain the
	,
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) N/A	
D. If amending the registered agent and/or registered office address in Florida new registered agent and/or the new registered office address:	enter the name of the
Name of New Registered Agent Michael D. Brown, Esq.	
2620 Lake Shore Drive S	Suite 100
(Florida street address)	
New Registered Office Address: Riviera Beach	, Florida_ 33404
(City)	(Zip Code)

Page 1 of 4

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> <u>J</u>	Ohn Doe	
X Remove	<u>v</u> <u>n</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Treasure	Barbara G. Marks-Brown	2620 Lake Shore Drive Suite 100
X Add			West Palm Beach, FL 33404
Remove			.
2) Change			
Add			
Remove			
3) Change			
Add			
Remove		•	
4) Change	. ·	·	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
I/A	(Be specific)
<u> </u>	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amei (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
<u> </u>	

The date of each amendmen	t(s) adoption: N/A	FILED	_, if other than the
date this document was signed	•	13 AUG 16 PM 12: 34	_, if outer than the
Effective date <u>if applicable</u> :	(no more than 90 c	SECRETARY OF STATE tays after amendment Att duteSEE, FLORIDA	- \
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/we by the shareholders was/w		umber of votes cast for the amendment(s)	
	re approved by the shareholders througed for each voting group entitled to vot	gh voting groups. The following statement te separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were s	sufficient for approval	
by	(voting group)	.,,	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors w	ithout shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators withou	t shareholder action and shareholder	
	y a thrector, president or other officer	- if directors or officers have not been nands of a receiver, trustee, or other court	
a	ppointed fiduciary by that fiduciary)	ands of a receiver, trustee, or other court	
	Barbara G. Ma	rks-Brown	
	(Typed or prir	nted name of person signing)	-
	President		_
	(Title	of person signing)	_