P05000082702

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special instructions to Filing Officer:

Office Use Only



900056199959

07/01/05--01041--024 **87.50

SECRETARY OF STATE
SECRETARY OF STATE

1-8

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF C	ORPORATION: ALTERRA DEVE	ELOPERS GROUP, INC.	·					
DOCUMENT	NUMBER: P05000082702							
The enclosed	Articles of Amendment and fee ar	e submitted for filing.						
Please return a	all correspondence concerning this	matter to the following:						
	BRAM LELAND SCOLNICK							
	(Name of	f Contact Person)						
	(Fire	n/ Company)						
	1145 OYSTERWOOD STREET							
	HOLLYWOOD, FLORIDA 33019	Address)						
	(City/ Sta	te/ and Zip Code)						
For further inf	formation concerning this matter, p	please call:						
BRAM LELANI		at (305) 778-8499						
((Name of Contact Person)	(Area Code & Daytime 7	Telephone Number)					
Enclosed is a	check for the following amount:							
□ \$35 Filing Fee	e □ \$43.75 Filing Fee & Certificate of Status		☐ \$52.50 Filing Fee Certificate of Statu Certified Copy (Additional Copy is enclosed)					
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations 409 E. Gaines Street						

Tallahassee, FL 32399

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

ALTERRA DEVELOPERS GROUP, INC.

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

P05000082702

(Document number of corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

N/A								
Must contain the word "corpo A professional corporation mu	ration," "comp ast contain the	pany," or "incor word "chartere	porated" or d", "profess	the abbr sional ass	eviation " ociation,	'Corp.," "I " or the at	nc.," or " breviation	'Co.") on "P.A.")
AMENDMENTS ADOP	TED- (OT)	HER THAN	NAME (CHAN	GE) Ind	icate Ar	ticle Nu	ımber(s)
nd/or Article Title(s) bei								
CHANGE OF ADDRESS:			· ## ·	* ~ .				:
<u> </u>		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		, e ·	<u> </u>	
OLD ADDRESS: 1909 TYLE	ER STREET.	SUITE 301, H	IOLLYWO	OD, FLO	ORIDA 3	3020		
<u></u>	<u>·</u>	<u> </u>		<u></u>	* <u>12 =</u>			
			:					. =
	<u> </u>	vv	·	وال ال	;	· · · · ·		<u>. : </u>
_		<u></u>	* 15	÷	-	##*	20	•
		Attach additions	al pages if n	ecessary)			
f an amendment provides for implementing the ame	s for exchan endment if n	ige, reclassifi ot contained	catio <u>n,</u> or in the am	cancell endmer	ation of it itself:	issued (if not ap	shares, j plicable,	provision indicate N
N/A					1.8		*	
	_ 		· · · · · · · · · · · · · · · · · · ·	<u> </u>		<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	<u> </u>	<u> </u>		¥*.		3.4		_ .
				-				

(continued)

The date of each amendment(s) adoption: JUNE 28, 2005
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☑ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signed this 28TH day of JUNE 2005 Signature (By a director, president of other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
BRAM SCOLNICK (Typed or printed name of person signing)
(Typed of princed name of person signing)
DIRECTOR
(Title of person signing)

FILING FEE: \$35