105000/17365

| (Re | equestor's Name) | |
|-------------------------|--------------------|--------------|
| (Ac | idress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | #) |
| , PICK-UP | WAIT | MAIL |
| (Bi | Isiness Entity Nam | ne) |
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| Certified Copies | _ Certificates | of Status |
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Merry

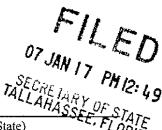
OT JAN 17 PH 12: 49
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CO | RPORATION: CASSANDRA G | GARDNER, P.A. | | |
|-------------------|--|--|---|---|
| | | | - · · | a i i i i i i i i i i i i i i i i i i i |
| DOCUMENT | NUMBER: P05000117365 | | | - 1 - 1 - 1 - 1 - 1 |
| The enclosed A | rticles of Amendment and fee ar | re submitted for filing. | ••• | 4 |
| Please return al | l correspondence concerning this | s matter to the following: | - | |
| J | OSEPH T. CHANCE | | | |
| _ | (Name o | of Contact Person) | | # # # # # # # # # # # # # # # # # # # |
| C | CHANCES ENTERPRISES, INC. | | | |
| _ | | m/ Company) | <u> </u> | ing <u>a</u> ert in a general <u>a</u> |
| 2 | PINE COURT PLACE | | | |
| ~ | | (Address) | grago s ê n | - 44 |
| C | OCALA, FL 34472-9048 | | | |
| | (City/ St | ate/ and Zip Code) | | <u> </u> |
| For further info | rmation concerning this matter, | please call: | | |
| JOSEPH T. CHA | ANCE | at (352) 687-3559 | | |
| 1) | Name of Contact Person) | -(Area Code & Daytime | Telephone Number) | |
| Enclosed is a cl | heck for the following amount: | | | |
| ☑ \$35 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐ \$52.50 Filing Fe Certificate of St Certified Copy (Additional Cop is enclosed) | atuš - |
| | Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address Amendment Section Division of Corporation 409 E. Gaines Street Tallahassee, FL 33 | rations eet | |

Articles of Amendment to Articles of Incorporation of



BUTTERFLY SMILES REALTY, INC.

P05000117365

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

(Document number of corporation (if known)

| W CORPORATE NAME (if changing): |
|---|
| SSANDRA GARDNER, P.A. |
| ast contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") |
| professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A." |
| MENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s |
| d/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) |
| ECIFIC NATURE OF BUSINESS: REAL PROPERTY PURCHASES & SALES |
| |
| |
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| |
| |
| |
| (Attach additional pages if necessary) |
| an amendment provides for exchange, reclassification, or cancellation of issued shares, provision implementing the amendment if not contained in the amendment itself: (if not applicable, indicate |

(continued)

| The date of each amendment(s) adoption: JANUARY 01, 2007_ |
|--|
| Effective date if applicable: JANUARY 01, 2007 |
| (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 1st. day of JANUARY 2007 |
| Signature (By a director, president or 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) |
| CASSANDRA A. GARDNER |
| (Typed or printed name of person signing) |
| PRESIDENT/ SECRETARY / TREASURER |
| (Title of person signing) |

FILING FEE: \$35