P06000125977

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	= #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			





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SECRATARY OF STATE TALEATE OF STATE OF

Name Change

MAR 12 2014 T. GARTER

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: POLLERO REAL Name	ESTATE. INC. of Corporation
DOCUMENT NUMBER: POGOC	0125977
The enclosed Amendment and fee are subm	itted for filing.
Please return all correspondence concerning	•
	,g.
SANDRA POLLERO Name of Contact Person	
Name of Contact Ferson	
Firm/Company	
17183 Orange Blue	d
Address	
City/State and Zip Code	3470
E-mail address: (to be used for future annu	ail, con ual report notification)
For further information concerning this mat	ter, please call:
Name of Contact Person	at (954) 829 6499 Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	nt:
\$35.00 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:	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

FILED SECRETARY OF STATE TALLAMIASSES FLORIDA

14 MAR 12 PH 12: 16

Articles of Amendment to Articles of Incorporation

POLLERO REALESTA	77E 77EV
(Name of Corporation as currently filed with the F)	lorida Dent of State)
P06000 125977	ortua Dept. di State)
(Document Number of Corporation (1	(known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
LOXAHATCHEE REALTY	I & PROPERTY MANAGRAMENT, THE
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered." "professional association," or the abbreviation "	P A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	17183 Orthode Bind
(Frincipal office daaress <u>MOST BE A STREET ADDRESS</u>)	LOXAHATCHEE, FL 33470
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	17183 OFFANGE FL 33470
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Name of New Registered Agent	
Mante of thee Abgusteet Agent	
(Florida stra	set 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 w	
Signature of New Registered A	
Signature of New Registered A	gent, if changing

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 PTD.

Changes should be noted in the following manner. Currently John Dog is listed as the PST and Mike loose is listed as the V. There is

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:

▼ Cirquige	п	JOHN LOC	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
!) Change		N/A	
Add			
Remove			
2) Change		<u> </u>	
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			•
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		•	-
Remove			

tach additional sheets, if necessary). (Be specific)	
A1/A	
N/A	
· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·
	
<u>in amendment provides for an exchange, reclassific</u> co <u>visions for implementing the amendment if not</u> co	entuined in the amendment itself:
(if not applicable, indicate N/A)	manica in the amenancar usem
N(A	
	, , , , , , , , , , , , , , , , , , , ,

The date of each amendment(s) adoption: 2(6(14) date this document was signed.	_, if other than the
Effective date if applicable: 26/14	
Effective date if applicable: (no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted 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)	
(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.	
Dated 2 6 14	
Signature Fandre Fallers	_
(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)	
SANDRA POUERO	
(Typed or printed name of person signing)	
PRESIDENT	_
(Title of person signing)	_