PO7000016643

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: SOSA REAL EST	ATE, INC.	
DOCUMENT NUMBE			
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
M	HRIAM SOSA		
		Name of Contact Person	1
S	OSA REAL ESTATE, INC		
		Firm/ Company	
1	1401 SW 40 ST #324		
		Address	
N.	HAMI, FL 33165		
		City/ State and Zip Code	
MIRIA	MSOSA@MSN.COM		
	F-mail address: (to be us	sed for future annual report	notification)
	3	,	,
For further information c	oncerning this matter, pleas	se call:	
MIRIAM SOSA		305	. 812-6504
Name of Contact Person		at (Area Co) 812-6504 de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Fiting free Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

SOSA REAL ESTATE, INC.	
(Name of Corporation as currently filed with the Florida Dept	. of State)
P07000016648	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> acits Articles of Incorporation:	topts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporation," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation "chartered," "professional association," or the abbreviation "F.A."	rated" or the abbreviation the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	·
	The state of the s
C. Enter new mailing address, if applicable:	
THE REPORT OF THE PARTY OF THE	
D. If amending the registered agent and/or registered office address in Florida, enter the nam	ne of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	. Florida
iCuya	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligation	or at the properties
1 nevery accept the appointment as registered agent. I am juminar with and accept the obligation	Nog the passition.
Signature of New Registered Agent, if changing	Service Parks
	in a final
	T I
	54 F W

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Agdress</u>
1) Change	Р	ELPIDIO SOSA	11401 SW 40 ST
Add			#324
X Remove			MIAMI FL 33165
2) Change	P	MIRIAM SOSA	11401 SW 40 ST
X Add			#324
Remove			MIAMI, FL 33165
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f an amendment provides for an exchange, reclassification provisions for implementing the amendment if not contact (if not applicable, indicate N/A)			
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(if not applicable, indicate N/A)	n, or cancellatio	on of issued sha	res.
(у погаррисиоте, также кум)	ineu in the amen	iament itsen:	
	~ 		
			

The date of each amendment(s) adoption:	if other than th
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dadocument's effective date on the Department of State's records.	ite will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	81
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statements the separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"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 sharehold action was not required.	er
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
JUNE 8, 2017 Dated	
Signature Elpidio Lori	
(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, trustec, or other cou appointed fiduciary by that fiduciary)	
ELPIDIO SOSA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	