

7000022/63

Requestor's Name)

Address)

Address)

City/State/Zip/Phone #)

☐ WAIT

☐ MAIL

Business Entity Name)

Document Number)

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Certificates of Status

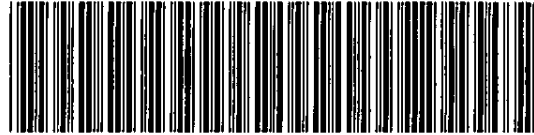
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EFFECTIVE DATE
3-1-08

02/18/08--01030--002 **35.00

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08 FEB 18 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts FEB 19 2008

COVER LETTER

TO: A
D

Section
Corporations

NAMI

INCORPORATION:

CATHERINE CAPOVILLA, PA

DOCU

NUMBER:

PO 7000022163

The en

Articles of Amendment and fee are submitted for filing.

Please

Correspondence concerning this matter to the following:

CATHERINE CAPOVILLA

(Name of Contact Person)

CATHERINE CAPOVILLA, PA.

(Firm/ Company)

3375 N. Country Club Dr. Unit 403

(Address)

Aventura, Florida 33170

(City/ State and Zip Code)

For fur

Information concerning this matter, please call:

CAT

CATHERINE CAPOVILLA

at (786) 457-8599

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

954-457-4622 EXT 303

Enclose

Check for the following amount:

☒ \$35 Fi

☐ \$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)

Address

at Section
Corporations
327
e, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation

EXPIRATION DATE
3-1-22

CATHERINE CAPAVILLA, P.A.

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

PO 7 0000 22/63

(Document number of corporation (if known))

Pursuant to
adopts

provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** is adopting amendment(s) to its Articles of Incorporation:

NEW

CHANGE NAME (if changing):

REALTY MAVER, INC.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMEND
and/or

ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) being amended, added or deleted: (BE SPECIFIC)

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions of the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 FEB 18 AM 11:05

FILED

The

ch amendment(s) adoption: _____

2-16-08

Effe

if applicable: _____

3/1/08

(no more than 90 days after amendment file date)

Ado

ment(s)

(CHECK ONE)

amendment(s) was/were approved by the shareholders. The number of votes cast for amendment(s) by the shareholders was/were sufficient for approval.

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)

amendment(s) was/were adopted by the board of directors without shareholder action
shareholder action was not required.

amendment(s) was/were adopted by the incorporators without shareholder action and
shareholder action was not required.

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)

Catherine Capovilla

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35