# P09000102893

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SECRETARY OF STATE DIVISION OF CORPORATIONS

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## **COVER LETTER**

Division of Corporations					
NAME OF CORPORATION:	thFloridahomesa 9000102893				
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerni	ng this matter to the following:				
	ORY MAIK 50 Name of Contact Perso	hmer			
<u> Ne</u>	W CASHIC KE	PALLY			
6230 NU) 20 th 5+					
Sunrise, FL 33313					
	City/ State and Zip Cod	le 1			
roryschmer@6mail.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
RORY MARK Schmer at 954, 465-8147					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee		☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			

# Mailing Address

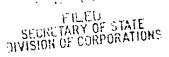
TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, 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



SouthFloridahomesale. LomPA

14 DEC 11 PM 1: 41

(Name of Corporation as currently filed with the Florida Dept. of State) P09000102893
(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: A. If amending name, enter the new name of the corporation: RORY MAIK 3 Chmer PA

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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 Do	<u>be</u>		
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	Title		Name	Address	
1) Change		<del></del>			
Add					
Remove					
2) Change		<del>_</del>			
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change					
Add				<del> </del>	
Remove					
5) Change					
Add					
Remove					
6) Change		_			
Add					
Remove					

(Attach additional sheets, if necessary).	cles, enter change(s) here:   (Be specific)
,	
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
·	

The date of each amendment(s) a date this document was signed.  Effective date if applicable:	(no more than 90 days after amer	SECRETARY OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS if other than the  14 DEC     FM  : 4    Indiment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adby the shareholders was/were st	opted by the shareholders. The number of votes ufficient for approval.	cast for the amendment(s)
	proved by the shareholders through voting group r each voting group entitled to vote separately of	2,
"The number of votes cast	t for the amendment(s) was/were sufficient for ap	pproval
by	(voting group)	.,,
	(voting group)	
The amendment(s) was/were ad action was not required.	lopted by the board of directors without sharehol	der action and shareholder
The amendment(s) was/were ad action was not required.	lopted by the incorporators without shareholder a	action and shareholder
DatedSignature	12-9-14 Ly Sat	
(By a c	director, president or other officer — if directors of ed, by an incorporator — if in the hands of a receinted fiduciary by that fiduciary)	
	Rory Mark (Typed or printed name of pe	Schmer
	(Typed or printed name of po	erson signing)
	Preside	ent
	(Title of person sign	ing)