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10 APR -9 PM 2: 59
SECRETARY OF STATE
AND ARRESTS OF THE PROPERTY OF THE PROPE



COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION: SE/a		Realty GRP	
DOCUMENT NUMBER: 7/00	000021254		
The enclosed Articles of Amendment and fee	e are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
LIONE!	PHONOL Name of Contact Person		
SElect Po	RTFolio Really Firm/Company	Corp	
115 HE 16	Address		
FORT Caude	erd ple FL 333 City/ State and Zip Code	04	
E-mail address: (to be u	Thealty a Aol. (used for future annual report notification)	Com	
For further information concerning this matte	er, please call:		
LIONE! PHONOR Name of Contact Person	at (<u>954</u>) <u>66/5</u> Area Code & Daytime Tele	2/30 ephone Number	
Enclosed is a check for the following amount	made payable to the Florida Depart	ment of State:	
\$35 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		Amendment Section	
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle	2	

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

(Name of Corporation as curre		Dept. of State)	
	OOQ1254 ber of Corporation (if known	wn)	
rsuant to the provisions of section 607.1006 nendment(s) to its Articles of Incorporation:	5, Florida Statutes, this Flo	orida Profit Corporation	adopts the follow
If amending name, enter the new name of	the corporation:		
* - The state of t		NA	The new
me must be distinguishable and contain to breviation "Corp.," "Inc.," or Co.," or the time must contain the word "chartered," "proj	designation "Corp," "Inc,	" or "Co". A profession	al corporation
Enter new principal office address, if apprincipal office address <u>MUST BE A STREE</u>			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC			
(Mailing address <u>MAY BE A POST OFFIC</u>			
	egistered office address in	rlorida, enter the name	of the
If amending the registered agent and/or r	egistered office address in	Florida, enter the name	of the
If amending the registered agent and/or r new registered agent and/or the new regis	egistered office address in	·	of the
If amending the registered agent and/or r new registered agent and/or the new regis Name of New Registered Agent:	egistered office address in stered office address: (Florida street a	ddress) , Florida	
If amending the registered agent and/or r new registered agent and/or the new regis Name of New Registered Agent:	egistered office address in stered office address:	ddress)	

10 APR -9 PH 2:5 SECRETARY OF STAT

Signature of New Registered Agent, if changing

HYV II 146406

. 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)

<u>Title</u>	Name	Address	Type of Actio
<u> </u>	LIONEL PHANOR	2760 Woodside D Coral Springs FL	Add Remove
			_
Rector	LIONEL PHANOR	3760 Woodsich	P Add ☐ Remove ☐ F L
E. <u>If amendi</u> (attach ada	ng or adding additional Articles, enter ditional sheets, if necessary). (Be spec	change(s) here:	
E Ifan ame	endment provides for an exchange, rec	loggification on concellation of i	ogued shower
	s for implementing the amendment if		
	applicable, indicate N/A)		
	: 4/2		
	<i>N/A</i>		
			•

# 146406	,
The date of each amendment(s	(date of adoption is required)
Effective data if applicables	
in apprication	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(s) the sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	
. ((voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated Signature (By a	Manufacture of the first of the
selec	ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	LIONE PHANOR (Typed or printed name of person signing)
	President Director (Title of person stening)