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R. WHITE



August 26, 2015

GREG GOLDSTEIN 1203 ASTARIA AVE CORAL GABLES, FL 33134

SUBJECT: SELL RENT REAL ESTATE, INC.

Ref. Number: P10000028275

We have received your document for SELL RENT REAL ESTATE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign for profit corporation, but your entity is a Florida for profit corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 715A00018049

COVER LETTER

SUBJECT: Sell Rent Hear Estate 200 Comporation DOCUMENT NUMBER: Plo 0000 28275 The enclosed Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Gleg Goldstein Name of Contact Person Firm/Company LO3 Astura Ave Address Coral Gables Ft 33134 City/State and Zip Code Greg Goldstein at Goldstein	TO: Amendment Section Division of Corporations
Please return all correspondence concerning this matter to the following: Gleg Goldstein Name of Contact Person Firm/Company Los Address Cora Gubles Ft 33134 City/State and Zip Code City/State and Zip Code E-mail ddress to be used for future annual report notification) For further information concerning this matter, please call: Cleg Goldstein at (305) 793 0592 Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: S35.00 Filing Fee S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)	
Please return all correspondence concerning this matter to the following: Gleg GoldStein Name of Contact Person Firm/Company LO.3 LStudia Ave Address Cora Gubles F. 33134 City/State and Zip Code City/State and Zip Code E-mail address: To be used for future annual report notification) For further information concerning this matter, please call: Gleg GoldStein at (305, 793, 0592) Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$33.00 Filing Fee Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee (Certified Copy (Additional copy is enclosed))	DOCUMENT NUMBER: <u>P10000028275</u>
Firm/Company: DO3 ASTURIA AVE Address Coral Gubles FL 33134 City/State and Zip Code E-mail iddress: Yto be used/for future annual report notification) For further information concerning this matter, please call: Cla Guldstein at 305 743 0592 Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed) \$40.75 Filing Fee (Certificate of Status & Certified Copy (Additional copy is enclosed)	The enclosed Amendment and fee are submitted for filing.
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Address Cora Gables F 33134 City/State and Zip Code Certificate of Status Cora Gables F 33134 City/State and Zip Code Certificat Communication E-mail Address: You be used for Juture annual report notification) For further information concerning this matter, please call: Cold Cold Stein at 305 793 0592 Name of Contact Person at Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$35.00 Filing Fee \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Firm/Company
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Name of Contact Person at (305) 7-93 0592 Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$35.00 Filing Fee \$ Certificate of Status \$43.75 Filing Fee & Certificate of Status & Certificate Opy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	E-mail Address: (to be used) for Juture annual report notification)
Enclosed is a check for the following amount: \$\frac{\$43.75 \text{ Filing Fee & Certified Copy (Additional copy is enclosed)}}{\$252.50 \text{ Filing Fee, Certified Copy (Additional copy is enclosed)}} \$\$\frac{\$43.75 \text{ Filing Fee & Certified Copy (Additional copy is enclosed)}}{\$252.50 \text{ Filing Fee, Certified Copy (Additional copy is enclosed)}}\$\$	For further information concerning this matter, please call:
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Certificate of Status (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is	Enclosed is a check for the following amount:
	Certificate of Status (Additional copy is enclosed) Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:
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

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Sell R	Lent of	eal Esta	SEPTO AL	[11:1,7
(Name of Corporation	as currently f	iled with the Florid	a Dept. of State)	osás Frodná
)00 Q.	23275		LONDA
(Document)	nt Number of C	orporation (if known)	
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this FI	orida Profit Corpora	tion adopts the fo	Howing amendment(s) to
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"corporation," "Inc," or "Co	". A professional c	ncorporated" or orporation name	The new the abbreviation must contain the
• •				
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered new registered agent and/or the new registered of	d office addres	s in Florida, enter th	ne name of the	
Name of New Registered Agent			· · · · · · · · · · · · · · · · · · ·	
	(Florida street	address)		
N . B . L . 1000	Tronda sireer	add casy	m. 11	
New Registered Office Address:	(Ci	ity)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I d	tered Agent: am familiar witi	h and accept the obliq	zations of the pos	ition.
Signati	ure of New Regi	istered Agent, if chan	ging	

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 Doc	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			·
Remove			
6) Change			
Add			
Pemovo			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
·	
If an amandment provides for an avail	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
(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 date will document's effective date on the Department of State's records.	not be listed as the
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)	
☐ 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 9(2)15	
Signature (By a director president or other officer of 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)	
Greg Goldstein	
(Typed or printed name of person signing)	
Yesident	
(Title of person signing)	