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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: LYONSGATE REALTY, INC.	
DOCUMENT NUMBER: P10000033074	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
K. GARY KHACHATRIAN	
Name of Contact Person	
LYONSGATE REALTY, INC.	
Firm/ Company	
6815 WILLOW WOOD DR, #4043	
Address	
BOCA RATON, FL 33434	
City/ State and Zip Code	
GARY@VIPHOMEMARKETING.COM	
E-mail address: (to be used for future annual report no	tification)
For further information concerning this matter, please call:	
K. GARY KHACHATRIANat (561	445-7737
Name of Contact Person Area Code	& Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Departr	nent 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
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

FILED 14 SEP -5 PH 12: 30

LYONSGATE REALTY, INC. (Name of Corporation as currently filed with the Florida D	AND STATE
(Name of Corporation as currently filed with the Florida D	ept. of States LIA Tolly, FLOWDA

P10000033074

dment(s) to

(Document	t Number of Corporation	(if known)
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, thi	is Florida Profit Corporation adopts the following an
A. If amending name, enter the new nai	me of the corporation:	
N/A		TH
	ttion "Corp," "Inc." or	tion," "company," or "incorporated" or the abbr "Co". A professional corporation name must con
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		5301 N. FEDERAL HWY
		SUITE 185
		BOCA RATON, FL 33487
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6815 WILLOW WOOD DR
		#4043
		BOCA RATON, FL 33434
D. If amounting the registered agent and		dress in Florida, enter the name of the
new registered agent and/or the new		
new registered agent and/or the new	N/A	
new registered agent and/or the new		 .
new registered agent and/or the new Name of New Registered Agent	N/A (Florida s	street address)
new registered agent and/or the new Name of New Registered Agent	N/A	street address), Florida

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 <math>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	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	ARLYS A. KOUSHAKJIAN	20214 OCEAN KEY DR
Add			BOCA RATON, FL 33498
Remove			
2) Change	D	Karen Gary Khachatrian	8201 VIA BELLA
✓			BOCA RATON, FL 33496
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			APPENDING LAND
Add			
Remove			
6) Change	(
Add			
Remove			

	necessary). (Be specific)	
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If an amendment provides	: for an evokange reclassific	ation or cancellation of issued charge
If an amendment provides provisions for implement	for an exchange, reclassific	ation, or cancellation of issued shares,
If an amendment provides provisions for implement (if not applicable, indi	ing the amendment if not co	cation, or cancellation of issued shares, ontained in the amendment itself:
provisions for implement (if not applicable, indi	ing the amendment if not co	ation, or cancellation of issued shares, intained in the amendment itself:
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provisions for implement	ing the amendment if not co	eation, or cancellation of issued shares, ontained in the amendment itself:

The date of each amendment	(s) adoption: SEPTEMBER 1, 2014	, if other than the
date this document was signed		
Effective date <u>if applicable</u> :	SEPTEMBER 1, 2014	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement and 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/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_09/0	11/2014	
Signature		
se	y a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trusted or other court oppointed fiduciary by that fiduciary)	
	SUREN YEGHIAZARYAN	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	