P100000 73985

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: ALM	MA ABREU P.A					
DOCUMENT NUMBER	;	P100000739	85				
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
	MARTA LUCIA OTALORA						
		Name of Contact Person					
	MO ACCOUNTING SERVICES CORP						
		Firm/ Company					
	12365 SW 18TH STREET, # 312						
	Address						
	N	11AMI, FLORIDA	A 33175				
		City/ State and Zip Code	2				
	info(@moaccounting	services.com				
	E-mail address: (to be us	ed for future annual report	notification)				
For further information concerning this matter, please call:							
ALMA ABREU		at (954	940 0657				
Name of Co	ontact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:							
■ \$35 Filing Fee	□\$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)				
Mailing Address			Address				
	nent Section	Amendment Section					
	of Corporations	Division of Corporations					
P.O. Box		Clifton Building 2661 Executive Center Circle					
i aliahas	see, FL 32314	Tallahassee, FL 32301					

Articles of Amendment to Articles of Incorporation of

15 APR 20 AM 11: 19

ALMA ABREU P.A

(Name of Corporation as currently filed with	
P10	0000073985
(Document Number of Corpor	ation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	ion:
MY LU	X REALTY CORP
	poration," "company," or "incorporated" or the abbreviation ," or "Co". A professional corporation name must contain the iation "P.A."
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered offi	
new registered agent and/or the new registered office a	address:
Name of New Registered Agent N/A	
(Flo	orida street address)
New Registered Office Address: N/A	Florida
New Registerea Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I am fa	umiliar 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)

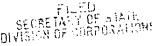
Please note the officer/director title by the first letter of the office title:

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 <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	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<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					
Damova					

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A
IN/A



The date of each amendment	$t(s)$ adoption: $\frac{O^2}{c}$	+.01.2013	, if other than the
date this document was signed	i.	15 APR 20 AM 11: 19	
Effective date if applicable:	04.01.2015		
		(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CH</u>	IECK ONE)	
The amendment(s) was/we by the shareholders was/w		shareholders. The number of votes cast for the amendment(s) approval.	
		e shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amer	ndment(s) was/were sufficient for approval	
by	(voi	.,,	
	(voi	ting group)	
The amendment(s) was/we action was not required.	ere adopted by the	board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	ere adopted by the	incorporators without shareholder action and shareholder	
Dated 04.	.16.2015		
Signature _			
		sident or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court	
		y by that fiduciary)	
	(Ilma (pbrey	
		(Typed or printed name of person signing)	
		PRESIDENT/DIRECTOR	
		(Title of person signing)	