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COVER LETTER

TO: Amendment Section Division of Corporations

MY LUX REALIY	CORP				
P100000739	985				
nd fee are submitted for filing.					
ming this matter to the following:					
MARTA LUCIA OTA	ALORA				
Name of Contact Person					
MO ACCOUNTING SERVICES CORP Firm/ Company					
					7751 WEST 28 AVENUE, SUITE 4
Address					
HIALEAH, FLORIDA 33016					
City/ State and Zip Code					
info@moaccounting	services.com				
matter, please call:					
_{at (} 954	, 940 0657				
Area Co	ode & Daytime Telephone Number				
mount made payable to the Florida Depa	artment of State:				
	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Amend Ions Divisio Clifton	Address Imment Section on of Corporations Building Executive Center Circle				
	P100000738 and fee are submitted for filing. ming this matter to the following: MARTA LUCIA OTA Name of Contact Perso MO ACCOUNTING SER Firm/ Company 7751 WEST 28 AVEN Address HIALEAH, FLOR City/ State and Zip Cod info@moaccounting ress: (to be used for future annual report matter, please call: at (954 Area Co mount made payable to the Florida Depitiling Fee & Certified Copy (Additional copy is enclosed) Street Amendo Division Cliffor				

Articles of Amendment to Articles of Incorporation of

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15 JUN -5 AM 11:31

MY LUX REALTY CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000073985

TALLAHASSEE, FLUKUA

1 25

(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:

		IEW REALTY INC
ne must be distinguishable and coi orp.," "Inc.," or Co.," or the desig rd "chartered," "professional associ	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the a "Co". A professional corporation name must 1 "P.A."
Enter new principal office address	. if applicable:	11098 BISCAYNE BLVD # 401-23
incipal office address MUST BE A.S		MIAMI, FL 33181
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1351 NE MIAMI GARDENS DR # 322 E
(Mailing address MAY BE A POST	OFFICE BOX)	
		MIAMI, FL 33179
If amending the registered agent a new registered agent and/or the ne	nd/or registered office ad w registered office addre	dress in Florida, enter the name of the
If amending the registered agent a	nd/or registered office ad w registered office addre	dress in Florida, enter the name of the ss:
If amending the registered agent a new registered agent and/or the ne	nd/or registered office addresser R/A (Florida:	dress in Florida, enter the name of the

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>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_	N/A	-
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				.
Add		_		- "
Remove				
4) Change				
Add				
Remove				
5) Change	 			
Add				
Remove				<u> </u>
6) Change				
		_		
Add				
Remove				

E. <u>If ame</u> (Attacl	ending or adding additional Artic h additional sheets, if necessary).	es, enter change(s) here	<u>e</u> :	
N/A	ii dadiiioidi briccis, ij riccessury).	(De apecyte)		
		· · ·	<u>.</u>	
				
				
			<u> </u>	
<u> </u>				
prov	amendment provides for an exchavisions for implementing the amen (if not applicable, indicate N/A)	nge, reclassification, or Iment if not contained i	cancellation of issued shares, in the amendment itself:	
				•
 :				
				

The date of each amendmen	t(s) adoption: 06.01.2015	, if other than th
date this document was signed	00.04.0045	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
	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 ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
·	02.2015	
Signature	(Muce Stance	
(E	By a director, president or other officer – if directors or officers have not been	_
	elected, by an incorporator—If in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
7	Olma Obres	
	(Typed or printed name of person signing)	_
	PRESIDENT/DIRECTOR	

(Title of person signing)