Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000012481 3)))



H130000124813ABCU

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number: I20000000205

Phone

: (305)416-6800

Fax Number

: (305)416-6811

Enter the email address for this business entity to be used for #fut appual report mailings. Enter only one email address please.: annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN CALMAR PROPERTY MANAGEMENT, CORP.

Certificate of Status	0
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TO: Amendment Section

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COVER LETTER

Division of Corpo	rations		
NAME OF CORPOR	ATION: Calmar Pro	perty Managem	ent, Corp.
	ER: P1100003049		
	of Amendment and fee are su		
Please return all corresp	pondence concerning this ma	tter to the following:	
	Diane M. Hernan	dez	
-		Name of Contact Person	n
	Adams Gallinar, I	P.A.	
_		Firm/ Company	
	1000 Brickell Ave	enue, Suite 300	
7		Address	
<u>!</u>	Miami, Florida 33	3131	
_		City/ State and Zip Cod	e
dhe	rnandez@agilaw	com	
		sed for future annual report	notification)
For further information	concerning this matter, pleas	se cail:	
Diane M. Hen	nandez	at(305	, 416-6800
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Maili Maili	ing Address	Street	Address
Amer	ndment Section		lment Section
	ion of Corporations		on of Corporations
	Box 6327		Building

Tallahassee, FL 32301

Fax Server



January 17, 2013

'.;

FLORIDA DEPARTMENT OF STATE

CALMAR PROPERTY MANAGEMENT, CORP. Division of Corporations 20900 NE 30TH AVE. SUITE 200

AVENTURA, FL 33180US

SUBJECT: CALMAR PROPERTY MANAGEMENT, CORP.

REF: P11000030498

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

Amendments are filed in compliance with section 607.1006, Florida Statutes.

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.

Darlene Connell Regulatory Specialist II

FAX Aud. #: H13000012481 Letter Number: 813A00001328

P.O BOX 6327 - Tallahassee, Florida 32314

(((H13000012481 3)))

Articles of Amendment to Articles of Incorporation

Calmar Property Managemer (Name of Corneration as current P11000030498 (Document Numb Pursuant to the provisions of section 607.1006, First Articles of Incorporation:	etly filed with the	(if known)	
P11000030498 (Document Numb Pursuant to the provisions of section 607.1006, F	per of Corporation	(if known)	
(Document Numb		<u></u>	
Pursuant to the provisions of section 607.1006, F		<u></u>	
	lorida Statutes, th	is Florida Profit Corporation adopts the following an	
		1	
A. If amending pame, enter the new pame of t	he corporation:		
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," or	Corp," "Inc," or		
B. <u>Enter new principal office address, if applicable;</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)		2780 NE 183 Road	
		#1407	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Aventura, Florida 33160	
		1000 Brickell Avenue	
		Suite 300	
•		Miami, Florida 33160	
D. If amending the registered agent and/or rep new registered agent and/or the new regist			
Name of New Registered Agent AGI	Registered	d Agents, Inc.	
100	0 Brickell A	Avenue, Suite 300	
	(Florida	street address)	
New Registered Office Address: Miar	mi	, Florida 33131	
	(Cl	ty) (Zip Code)	

Example:

(((H130000124813)))

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 Saily Smith, SV as an Add.

X.Change	PT John	n Doc	
X Remove	<u>v</u> Mik	e Jones	
_X Add	SV Sali	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)Change	<u>s</u>	Patricia Caldas Martinez	2780 NE 183 Street
Add			Apt. 1407
X			Aventura, Florida 33160
2) Change	<u>D</u>	Angelita Martinez Garcia	2780 NE 183 Street
Add			Apt. 1407
X Remove			Aventura, Florida 33160
3) Change	DST	Francisco Caldas Martinez	2780 NE 183 Street
X Add			Apt. 1407
Remove			Aventura, Florida 33160
4) Change	D	Alejandro Caldas Martinez	2780 NE 183 Street
X Add	<u></u>		Apt. 1407
Remove			Aventura, Florida 33160
5) Change			
Add			
Remove			
6)Change			
Add		•	
Remove			

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	il sneets, if neces	sary). (Be spec	(amonding or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)				
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	nt provides for s	an exchange, rec	lassification, o	r cancellation o	issued shares.		
an amendmer	implementing th	he amendment it	not contained	in the amendm	ent itself:		
rovisions for		,					
an amendmer rovisions for (if not appl	icupie, maicae						
rovisions for	ntione, martine			<u> </u>			
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rovisions for	icable, marcae						
rovisions for	icibit, marcae						

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The date of each amendment(s) adoption: 12/31/12 12/31/12 Effective date if applicable: (no more than 90 days after amendment file date) 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 (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 January 17, 201 Signature (By a director, president or other officer – if directors of officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Robert R. Adams, Esq. (Typed or printed name of person signing) Authorized Signatory

Page 4 of 4

(Title of person signing)