# P12000058685

<b></b>		
(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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SECRETARY OF STATE
BIVISION OF CORPORATIONS

7. L 15

### **COVER LETTER**

TO: Amendment Section Division of Corporations

	MIAMI REAL EST	ATE INVESTMENT & MAN	NAGEMENT GROUP CORP
NAME OF CORPOR.  DOCUMENT NUMBI	11UN:		
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
•	YUNIETH OLIVE	LLA	
-		Name of Contact Person	1
I	MIAMI REAL EST	ΓΑΤΕ I&M	
_		Firm/ Company	· · ·
•	1444 BISCAYNE	BLVD #314	
<del></del>		Address	<del></del>
I	MIAMI FL 33132		
_		City/ State and Zip Cod	e
YUN	NETH@AQOL.C	OM	
		ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
YUNIETH OL	IVELLA	at (305	, 5869489
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment 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)
Amen Divisi P.O. I	ng Address dment Section ion of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

#### **Articles of Amendment**

to

## Articles of Incorporation of

Miami Real Es	state In	Jestment Dept. of State)	of Mai	nageme
(Name of Corporation as currently	filed with the Florida D	Pept. of State)	Grou	A CORP
_	DIDAMO	58685	•	/
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this <i>Florida</i>	Profit Corporation adopts	the following	amendment(s) to
A. If amending name, enter the new name of the	corporation:			
				The new
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	rp," "Inc," or "Co". A	npany," or "incorporated professional corporation	l" or the abo name must co	breviation ontain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL				
				<b>.</b>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>			NEGON TO MAR
				F CORPOR
D. If amending the registered agent and/or regist new registered agent and/or the new registered		lorida, enter the name of	<u>the</u>	# SATE
Name of New Registered Agent				• **
	(Florida street addres	ss)		
New Registered Office Address:		. Florida		
The state of the s	(City)	<del></del>	Zip Code)	
New Registered Agent's Signature, if changing Re				
I hereby accept the appointment as registered agent.	I am familiar with and	accept the obligations of th	ne position.	
Signature of l	New Registered Agent, if o	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 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>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	-SHA	<b>R</b> -	YUNIETH OLIVELLA	1444 BISCAYNE BLVD
Add	share	ehobe	or Ouly	SUITE 314
Remove			,	MIAMI FL 33132
2) Change	SHA	<b>3</b>	OSCAR OLIVELLA	1444 BISCAYNE BLVD
	share	hold	er only	SUITE 314
Remove			l	MIAMI FL 33132
3) Change		_		
Add				
Remove				
4) Change		_	·	
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	***************************************
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

		FIL SECRETARY	7 OF STATE	
The date of each amendment date this document was signed		givision of a	ORPORATIONS	_, if other than the
Effective date if applicable:	3/01/2015	15 MAR -2	PM 4: 44	
<del></del>	(no more	than 90 days after amendment file date)	)	~
Adoption of Amendment(s)	(CHECK ONE	)		
The amendment(s) was/wer by the shareholders was/we		s. The number of votes cast for the ame	endment(s)	
		ers through voting groups. The following led to vote separately on the amendmen		
"The number of votes	cast for the amendment(s) was	as/were sufficient for approval		
by	(voting group)			
	(voting group)			
The amendment(s) was/wer action was not required.	re adopted by the board of dire	ectors without shareholder action and sl	hareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporator	rs without shareholder action and shareh	nolder	
Dated	124/2015			
Signature	1 de Marie			
(B		er officer – if directors or officers have ref in the hands of a receiver, trustee, or occury)		_
	Ferna	d or printed name of person signing)		_
	(Type	ed or printed name of person signing)		
		Director		
		(Title of person signing)		