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Special Instructions to F	iling Officer.	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION:	AIR Brokers Realty Inc.				
DOCUMENT NUMBI		P12000078186	P12000078186			
The enclosed Articles o	f Amendment and fee are st	ubmitted for filing.				
Please return all corresp	ondence concerning this ma	atter to the following:				
		Anthony Esquivel				
_	Name of Contact Person					
	AIR Brokers Realty Inc.					
_		Firm/ Company				
4471 NW 36th Street, Suite #229						
_	Address					
	Miami Springs Fl. 33166					
	-	City/ State and Zip Code	ď			
		billing@airbrokersrealty.co	om			
	E-mail address; (to be u	sed for future annual report	notification)			
	concerning this matter, plea	se call: 786 at (580-4940			
Name of Contact Person			de & Daytime Telephone Number			
Enclosed is a check for t	the following amount made	payable to the Florida Depa	artment of State:			
S35 Filling Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301			

Serve and a server and the server an

Articles of Amendment to Articles of Incorporation of

(Name of Corporati	on as currently Brokers Re	filed with the Florida atty Inc.	Dept. of State	1	
(Docum	nent Number of	Corporation (if known)	 .		
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this F	lorida Profit Corporatio	on adopts the f	ollowing ame	ndment(s
A. If amending name, enter the new name of the co	orporation: Brokers Realty	Inc.		TL.	
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	," "Inc," or "C	lo". A professional cor			
		4471 NW 36th Street			
B. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u>		Suite #229			
		Miami Springs Fl. 33166		— ,	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. Box 660777			18 H
		Miami Springs Fl. 332	66		
			<u></u>		7
 If amending the registered agent and/or register new registered agent and/or the new registered 		ss in Florida, enter the	name of the		A 8: 38
Name of New Registered Agent Anthony Esquivel			(39		
Name of the meginered rigem	4471 NW	36th Street Suite, #229		<u>_</u>	
	(Florida stre	et address)			
Now Registered Office Address	Miami Springs		Florida	33166	
New Negmered Office Address.	- ((City)		(Zip Code)	
New Registered Office Address: New Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.	Miami S (istered Agent:	prings City)	, Florida tions of the po.	(Zip Code)	
- Cian	ature of Nov. D.	gistered Agent, if changi			

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.

X. Change	<u>PT</u>	John Do	<u>)c</u>	
X Remove	<u>v</u>	Mike Jo	ones.	
<u>X</u> Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add		-		
Remove				
3) Change				
Add		_		
Remove				
4) Change		_		
Add				
Remove				
E) Chara				
5) Change		_		
Add				
Remove				
6) Change		-		
Add				
Remove				

	ticles, enter change(s) here: . (Be specific)
. .	
	
	
f an amendment provides for an evol	hange, reclassification, or cancellation of issued shares,
manicione for involvementing the	endment if not contained in the amendment itself:
provisions for implementing the ame	
(if not applicable, indicate N/A)	

λ'	lay 1, 2018
The date of each amendment(s) adoption:	
date this document was signed.	
	lay 1, 2018
Effective date if applicable:	
(no more than 90 days	after amendment file date)
Note: If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records.	tatutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The numb by the shareholders was/were sufficient for approval.	er of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vomust be separately provided for each voting group entitled to vote se	oting groups. The following statement eparately on the amendment(s):
"The number of votes cast for the amendment(s) was/were suffi	• •
by(voting group)	••
(voting group)	 :
☐ The amendment(s) was/were adopted by the board of directors withou action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shaction was not required.	areholder action and shareholder
May 1, 2018	
Signature	
(By a director, president or other officer it selected, by an incorporator it in the hands appointed fiduciary by that fiduciary)	of a receiver, thustee, or other court
Anthony Esc	quivel
(Typed or printed name of	t person signing)
Brok	er
(Title of pers	on signing)