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Division of Corporations

Fax Number : (850)617-6380

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Account Number: FCA000000023 : (954)208-0845 Fax Number : (614)573-3996

nter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN SWEETWATER APARTMENTS HOLDINGS, INC.

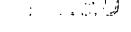
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Help

## Articles of Amendment to Articles of Incorporation of



2022 JUL 20 AM 9: 45

| SWEETWATER APARTMENTS HOLDINGS, IN  | IC.                                     | $\frac{1}{2}$ .                     | .:            |
|---|---|-------------------------------------|---------------|
| (Name of Corpora  | ation as currently filed with the Flo   |                                     | <del></del> , |
| P13000054828  |   |                                     |               |
| (Doc  | ument Number of Corporation (if kno     | wn)                                 |               |
| Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:  | ida Statutes, this Florida Profit Corpo | prution adopts the following amendm | ent(s) to     |
| A. If amending name, enter the new name of the  | corporation:                            |                                     |               |
|   |   | The nev                             |               |
| name must be distinguishable and contain the word '<br>"Inc" or Co.," or the designation "Corp," "In<br>"chartered," "professional association," or the abb | ic," or "Co". A professional corpo      |                                     |               |
| B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET AL   |   |                                     |               |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B  | BOX)                                    |                                     |               |
|   |   |                                     |               |
| D. If amending the registered agent and/or registered agent and/or the new registered.  |   | r the name of the                   |               |
| Name of New Registered Agent  |   | <del></del>                         |               |
|   |   |                                     |               |
|   | (Florida street address)                |                                     |               |
| New Registered Office Address:  |   | , Florida                           |               |
|   | (City)                                  | (Zip Code)                          |               |
| New Registered Agent's Signature, if changing R<br>I hereby accept the appointment as registered agent  | legistered Agent:                       |                                     |               |
| C.  | gnature of New Registered Agent, if ch  | wanning                             |               |
| -5/6  | gnature oj tvew Kegisierea Ageni, lj Ci | unging                              |               |

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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: XChange           | <u>PT</u>    | John Doe             |                    |
|----------------------------|--------------|----------------------|--------------------|
| X Remove                   | ¥            | Mike Jones           |                    |
| X Add                      | <u>sv</u>    | Sally Smith          |                    |
| Type of Action (Check One) | <u>Title</u> | Name                 | Address            |
| 1) Change                  | VD           | ROBERT P. ROTHENBERG | 192 LEXINGTON AVE  |
| Add                        |              |                      | SUITE 901          |
| X Remove                   |              |                      | NEW YORK, NY 10016 |
| 2) Change                  |              | _                    |                    |
| Add                        |              |                      |                    |
| Remove Change              |              |                      |                    |
| Add                        |              |                      |                    |
| Remove                     |              |                      |                    |
| 4) Change                  |              |                      |                    |
| Add                        |              |                      |                    |
| Remove                     |              |                      |                    |
| 5) Change                  |              |                      |                    |
| Add                        |              |                      |                    |
| Remove                     |              |                      | <del></del>        |
| 6) Change                  |              |                      |                    |
| Add                        |              |                      |                    |
| Remove                     |              |                      | - <u>-</u> -       |

From: Kaity Toon

|              | or adding additional onal sheets, if necessar | ry). (Be specific) |                       |                                       |     |
|--------------|---|--------------------|-----------------------|---------------------------------------|-----|
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| If an amendr | nent provides for an                          | exchange, reclassi | ification, or cancell | ation of issued shar                  | es. |
| provisions f | or implementing the                           | amendment if not   | contained in the a    | mendment itself:                      |     |
| PEUVISIONS I | oplicable, indicate N/A                       | 1)                 |                       |                                       |     |
| (if not u    |   |                    |                       |                                       |     |
| if not u     |   |                    |                       |                                       |     |
| if not u     |   |                    |                       |                                       |     |
| (if not a    |   |                    | <u> </u>              | · · · · · · · · · · · · · · · · · · · |     |
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From: Kaity Toon

| The date of each amendment(s) adoption:  |
|--|
| Effective date if applicable:  |
| 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 statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.         |
| Adoption of Amendment(s) (CHECK ONE)   |
| ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.  |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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  |
| by"  (voting group)  |
| (voting group)   |
| JULY 19, 2022<br>Dated   |
| Signature (By a director, president or other officer – if directors or officers have not been  |
| (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| GIDEON Z. FRIEDMAN   |
| (Typed or printed name of person signing)  |
| PRESIDENT AND DIRECTOR   |

(Title of person signing)