P13000074884





200252708832

10/17/13--01019--013 **35.00



Whilei W

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FLORIDA FSBO REALTY TAC.						
DOCUMENT NUMBER: P 13 0000 74 8 8 4						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Name of Contact Person						
HRSCHBAM LAN OFFILE Firm/ Company						
Wellington A 33467 City/ State and Zip Code						
Address Address						
City/ State and Zip Code						
1 10 44 0 000						
E-mail address: (to be used for future annual report notification)						
·						
For further information concerning this matter, please call:						
WArren Kirschbam at (561) 340-1440						
Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee						
(Additional copy is Certified Copy						
enclosed) (Additional Copy						
is enclosed)						
Mailing Address Street Address						
Mailing Address Amendment Section Street Address Amendment Section						
Division of Corporations Division of Corporations						
P.O. Box 6327 Clifton Building						
Tallahassee, FL 32314 2661 Executive Center Circle						
Tallahassee, FL 32301						

Articles of Amendment to Articles of Incorporation of

FLORIDA FS30	Realty Fra	· ·	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)		
P1300007	14884		
(Document Number of Corporation (if	known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adop	ots the following am	endment(s) to
A. If amending name, enter the new name of the corporation:			
,		Tha	new
name must be distinguishable and contain the word "corporation	," "company," or "incorpora	,	
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C	Co". A professional corporation	on name must conta	in the
word "chartered," "professional association," or the abbreviation "F	P.A. "	正言る	
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			لي.
		<u> </u>	
		7	
		3	
C. Enter new mailing address, if applicable:		ည် မှ	
(Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:		of the	
Name of New Registered Agent			
(Florida stre	et address)		
New Registered Office Address:	, Florida		
(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations o	f the position.	
Signature of New Registered A	ent. if 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.

7

Example: X Change	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jos	nes		
X Add	sv	Sally Sm	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change	<u></u>	<u> </u>	Warren	Kirschbaum	BYG Late worm Rd Wellington, EL 3346
X_Add					wellington, FL 3346
Remov e					
2) Change	·	-			
Add					
Remove					A
3) Change		_			
Add					
Remove					
A) Change		***************************************			
Add					
Remove					
5) Change		_		· · · · · · · · · · · · · · · · · · ·	
Add					
Remove					
6) Change	··	_			
Add					
Remove					

	or adding additional Articl tonal sheets, if necessary).	(Be specific)	
	<u> </u>		
······································	hdan 'anna an		
·····	**····································		
·			
	·		
	· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·	
		•	
If an amend	ment provides for an excha-	ange, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:	
(if not a	pplicable, indicate N/A)	oment is not contained in the amendiatic reserr-	
		•	
	<u></u>	· · · · · · · · · · · · · · · · · · ·	

date this document was signed.	, if other than th
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	
by" (voting group)	
(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	
Signature	
(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)	
(Typed or printed name of person signing)	
. Older Tox	
(Title of person signing)	