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C. GOLDEN
JUN 28 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EXCLUSIVE TRUST REPLTY IN C
DOCUMENT NUMBER: P130000 91499
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
COBOL Contact Person
MIGIE/MIRARD) Firm/Company
- Firm/ Company
265 Tejeune FC #4/D
2655/ejeune Pd #4/D COM/628/e5, F1.33/34
City/ State and Zip Code
E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Migic/MiRA & Al at (305) 773/T/C Name of Contact Person at (305) 773/T/C Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status S43.75 Filing Fee Certificate of Status S43.75 Filing Fee Certificate of Status

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Ft. 32301

Articles of Amendment

to

Articles of Incorporation

of

_ Exclusive TrusT	THEPITY INC.
(Name of Corporation as currently t	iled with the Florida Dept. of State)
P130000 C	11499
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Flatis</i> Articles of Incorporation:	orida 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 word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	Some
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Some
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent SP & C	
(Florida street	address)
New Registered Office Address:	(Cip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am jamiliar with	and accept the obligations of the position.
Signature of New Reg.	istered Agent, 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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change \bar{I}	2-1-	GIOVANNA RIVER	200 2930 BISWYNE BIO. MIAMI, 33/37
Add			B1-0. HIAMI, 33/37
Remove			
2) Change) /	TARAMED DAVID	2930 BISCAUNE BLUD. MIRMI FL-33137
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	_	_	
Add			
Remove			

ach additional sh	ets, if necessary). (Be specific)			
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(if not applicab				
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	, A Florina			
	· FIUNITA	- FLS	11001 1177 6	5C127171/

Ce/14/2017
The date of each amendment(s) adoption:
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 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
hy,"
(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
(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)
President Director + Sofi. (Title of person signing)
Short holpen