(Re	equestor's Name)	
(A c	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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JAN 08 2016

K. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations A.I.J. Services, P.A. NAME OF CORPORATION: ___ P13000092687 DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jose Livas
(Name of Contact Person) Clermant FC 34714
(City/ State and Zip Code) E-mai address (to be used for future annual report notification) For further information concerning this matter, please call: TOSE RIVAS at 407 973-7052
(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 \$\Bigs\\$43.75 Filing Fee & \$\Bigs\\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is Enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

to Articles of Incorporation

FILED

, '	cies of incorporation
, ,	of 16 dAN-4 AM 6: 16 T- Services P.A. Pently filed with the Floridal Dentl of State) STATE
A.I.	.J. Services P.A.
(Name of Corporation as curt	rently filed with the Florida Dept. of State) STATE ALLAHASSEE FLORIDA
012	30000 92687
	mber of Corporation (if known)
,	• • •
	tutes, this Florida Not For Profit Corporation adopts the following
4 Young dies war and the war name of the common	of business; Real Estate Consulti
A. If amending name, enter the new name of the corpor	ation.
Jose G.	RIVAS P.A. The ne pration" or "incorporated" or the abbreviation "Corp." or "Inc.
name must be distinguishable and contain the word "corpo	oration" or "incorporated" or the abbreviation "Corp." or "Inc.
"Company" or "Co." may not be used in the name.	.10
B. Enter new principal office address, if applicable:	ν/A
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MIA
(maining dataress MAT BE A TOST OFFICE BOX)	
D. If amending the registered agent and/or registered o	office address in Florida, enter the name of the
new registered agent and/or the new registered offic	e address:
Name of New Registered Agent:	NIA
The of New House States and Page 12.	
New Registered Office Address:	(Florida street address)
****	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	ed Agent:
I hereby accept the appointment as registered agent. I am	
	NIA
	Signature of New Registered 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 X Remove X Add	PT V SV	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change		_	NA	
Add				
Remove				
2) Change			·	
Add				·
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change			-	
Add				
Remove				

If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
	Repose:	REAL	ESTATE	Consulting.
·····				
				

The date of each amendment(s) adopt	tion:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		<u> </u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will ment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopt was/were sufficient for approval.	ted by the members and the number of votes cast for the amendment(s)	
There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
Dated	12/25/15	
Signature	par Ali	
	or vice chairman of the board, president or other officer-if directors	
	elected, by an incorporator – if in the hands of a receiver, trustee, or ointed fiduciary by that fiduciary)	
	JOSE G. Rivas	
***************************************	(Typed or printed name of person signing)	
	(Title of person signing)	
	(Title of person signing)	
Purpos	ie of business: Real Estate Consul	tion