## P13000101607

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Miami My Home Realty Inc
DOCUMENT NUMBER: \$\frac{13}{000101607}
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alena Antonovich
Mioni My Hone Realty Ine
18090 Collins Ave. #T15
Sunny Toles Beach FL 33/60 City/ State and Zip Code
alena abocatou realty. con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alma Antonovich at (786), 985-1063  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:
$\sim$
35 Filing Fee
Mailing Address Amendment Section  Street Address Amendment Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to Articles of Incorporation

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of
Miani My Home Pealty Ine 14 HOV-5 AHII: 48
(Name of Corporation as currently filed with the Florida Dept. of State)
113000101607
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
<del></del>
C. Enter new mailing address, if applicable:
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
Hume by New Neglowieu ngem
(Florida street 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 with and accept the obligations of the position.
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	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	nith		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change		_	Belkys M	1/10	nda
Add		•			18090 Collins Ave. Suite T15
Remove			,		FL 33160
2) Change	dire	ctol	Ludmila B	3096	atov_
Add					
Remove					18090 Collins Ave. Suite T15 Sunny Isles Beach FL 33160
3) Change		_			
Add					
Remove					
4) Change		_		<del></del> -	
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add		<del></del>			
Remove					

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
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<del></del>	
<del>-</del>	
	<del></del>
	,
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	·

The date of each amendment(s) adoption: if other than the date this document was signed. 14 NOV -5 AM 11: 48 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 The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. he amendment(s) was/were adopted by the incorporators without shareholder action and shareholder 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) Belwys Miranda
(Typed or printed name of person signing)

Cuerrent Arcutor
(Title of person signing)