P14000013805

| (Re | questor's Name) | |
|-------------------------|-------------------|-----------|
| (Ad | dress) | |
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| (Cit | y/State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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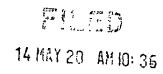
MAY 21 2014 C. CARROTHERS



ACCOUNT NO. : I2000000195 REFERENCE . 136152 AUTHORIZATION! \$ 35.00 COST LIMIT ORDER DATE: May 16, 2014 ORDER TIME : 3:16 PM ORDER NO. : 136152-005 CUSTOMER NO: 7996489 DOMESTIC AMENDMENT FILING URBAN LIVING TAMPA BAY NAME: REAL ESTATE, INC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY _____ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER'S INITIALS:

Articles of Amendment to Articles of Incorporation of



| | SE CHE TAR TO TAKE |
|---|---|
| (Name of Corporation as currently filed with the | : Florida Dept. of State) JALLAHASSEE, FLORIDA |
| P 14000013805 | |
| (Document Number of Corporation | ı (if known) |
| arsuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation: | is Florida Profit Corporation adopts the following amendment(s) |
| If amending name, enter the new name of the corporation: | |
| | The new |
| ame must be distinguishable and contain the word "corporal Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation | "Co". A professional corporation name must contain the |
| Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>) | |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | |
| | |
| | |
| . If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addre | |
| Name of New Registered Agent | |
| (Flonda | street address) |
| New Registered Office Address: | , Florida |
| (Ci | ity) (Zip Code) |
| | |
| ew Registered Agent's Signature, if changing Registered Age | |
| hereby accept the appointment as registered agent. I am familia | ar with and accept the obligations of the position. |
| | |
| Signature of New Registers | ed 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.

| Mike Jones, V as Remov Example: | e, and Sal | ly Smith, SV as an Add. | |
|------------------------------------|--------------|-------------------------|-------------------|
| X Change | PT | John Doe | |
| 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> | Address |
| 1) Change | YP | COREY JAHNEY | 101 N. 12# 57#102 |
| Add | | | IRMUN 1 = 33# 92 |
| 2) Change | | | |
| Add Remove | | | |
| Change Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add Remove | | | |
| 5) Change | | | |
| Add Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| amending or adding additional Arti tach additional sheets, if necessary). | (Be specific) |
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| n amendment provides for an exch | nange, reclassification, or cancellation of issued shares, |
| ovisions for implementing the amer (if not applicable, indicate N/A) | ndment if not contained in the amendment itself: |
| | |
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| | |

| The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: ho more than 90 days after amendment file date) | , if other than the |
|---|---------------------|
| 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) | |
| 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 5/12/ | |
| 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) Restr DIAZ | |
| (Typed or printed name of person signing) | |
| (Title of person signing) | |

COVER LETTER

| Division of Corporations |
|---|
| NAME OF CORPORATION: URBAY LIVING TAMPA BAY REALESTATE, INC |
| DOCUMENT NUMBER: P140000 13805 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| ROSELT DIAZ |
| Name of Contact Person |
| UNGAL LIVING TAMPA BAY REAL ESTATE, /NC |
| 101 N 12TH 57 # 102 |
| Address |
| TAMPA FL 33602 City/ State and Zip Code |
| City/ State and Zip Code |
| E-mail address: to the user or fightire annual report notification) |
| For further information concerning this matter, please call: |
| ROBERT DIAZ at 813 871-0811 |
| 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 Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Mailing Address Street Address |
| Mailing Address Street Address |
| Amendment Section Amendment Section & Division of Corporations Division of Corporations |
| P.O. Box 6327 Clifton Building |
| Tallahassee, FL 32314 2661 Executive Center Circle |

Tallahassee, FL 32301