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A. Butter 9127121

COVER LETTER

TO: Amendment Section Division of Corporations		•	•	
NAME OF CORPORATION			AL ESTATE COUSOFTIUM,	Inc
DOCUMENT NUMBER:	P140	100054747		
The enclosed Articles of Amer	idment and fee are su	abmitted for filing.		
Please return all correspondence	ce concerning this ma	atter to the following:		
·	i	JAMET REW		
<u> </u>		Name of Contact Perso		
Phi	BEAIX KE	AL ESRIE CO	I - Fort Myers, FL 33907	
		Firm/ Company	- T + 11 = 5 332 .	
156	o Metthe	W DR SUITE	1 - to/1 Myers, +2 33907	
	1. 1.	TI 32G o 7		
<u>+w</u>	T Myers,	FL 339 \hat{v} 7	de	
	•			
	-	MALLO © Ac		
D-1	nan address. (10 be u	sed for future annual report	thothication)	
For further information concer	ning this matter, plea	se call:		
JANET PELME	No	at (703	, 944-5600	
Name of Contac	et Person	Area Co	ode & Daytime Telephone Number	
Enclosed is a check for the foll	owing amount made	payable to the Florida Dep	partment of State:	
	43.75 Filing Fee & ertificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Add			Address	
Amendment Division of C			dment Section on Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation

\sim 1	of			
PLIOTNIX REAL ESTAT	E Couse	KTI UWI, IL	10	
(Name of Corporat	tion as currently	iled with the Florida E	Dept di State 4 Aif 9:21	
P1400005	4747		- 17 De	
(Docum	ment Number of C	Corporation (if known)	加工和公共的原理	
Pursuant to the provisions of section 607.1006, Florid s. Articles of Incorporation:	la Statutes, this <i>Fl</i>	orida Profit Corporatio	n adopts the following amendn	nent(s) t
If amending name, enter the new name of the c	corporation:			
			The ne	ne
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbro	." or "Co". A p	npany," or "incorporate professional corporation	d" or the abbreviation "Corp.,	
Enter new principal office address, if applicable				
Principal office address <u>MUST BE A STREET ADI</u>	DRESS)			
Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>9X</u>)			
	_			
			_	
		*	<u> </u>	
 If amending the registered agent and/or register new registered agent and/or the new registered 	red office addres office address:	s in Florida, enter the	name of the	
Name of New Registered Agent		د		
Hume of New Regimerea Agent				
	(Florida street	nddrases		
	The state of the s	uuur Laay		
New Registered Office Address:	(Ci		Florida (Zip Code)	
	, 0,	···	(isip code)	
ew Registered Agent's Signature, if changing Reg	gistered Agent:			
hereby accept the appointment as registered agent.	l am familiar with	and accept the obligati	ons of the position.	
Signo	ature of New Revi	stered Agent, if changin		
	,	ф****** ў ******* ****	•	

Check if applicable

 $[\]square$ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	D	Eduardo Falcone	<u>9360 los ALISOS UZ</u> Fert Myers, FL 33908
X Add			Fort Myers FL 33908
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach <i>additional sheets, (</i>	dditional Articles. if necessary). (B	e specific)				
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n amendment provide	es for an exchang	e, reclassifica	ation, or car	icellation of	issued share	<u>s,</u>
ovisions for implement (if not applicable, ind	iting the amendm dicate N/A)	ient if not co	ntained in t	he amendme	nt itself:	
(g man approximate, m	,					
						
					<u>/</u>	
				· · · · · · · · · · · · · · · · · · ·		
		_				

The date of each amendment(s) ac	option:	, if other than the
date this document was signed.	,	
Effective date if applicable:	9/9/2021 (no more than 90 days after amendment	
	(no more than 90 days after amendment	file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing rec partment of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE)</u>	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors withou	ut shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for ficient for approval.	or the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the a	
"The number of votes cast	for the amendment(s) was/were sufficient for approva	ıl
bv		
,	(voting group)	-
(By a di- selected	fector, president or other officer – if directors or office, by an incorporator – if in the hands of a receiver, treed fiduciary by that fiduciary)	
ијурот.		
	JANET Rewell	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	