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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: JUNO BEACH REAL ESTATE COMPANY				
DOCUMENT NUMBER: P14000090149				
The enclosed Articles of Amendment and see are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
NOELLE K. MCINTYRE				
	Name of Contact Person			
JUNO BEAC	JUNO BEACH REAL ESTATE CO.			
	Firm/ Company			
100 NE 5TH				
	Address			
DELRAY BE	ACH, FL 33483			
	City/ State and Zip Code			
NMCINTYRE82@	SMAIL.COM			
E-mail ac	dress: (to be used for future annual report notification)			
For further information concerning this matter, please call:				
NOELLE K. MCINTYRE	at (561) 7033759			
Name of Contact Pers	On Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
~	Filing Fee & Status Certified Copy (Additional copy is enclosed) Status Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corport P.O. Box 6327 Tallahassee, FL 32	tions Division of Corporations Clifton Building			

Articles of Amendment to Articles of Incorporation of

JUNO BEACH REAL ESTATE CO.

(Name of Corporation as current	ly filed with the Florida Dept	. of State)	- -	
P14000090149		,		
(Document Number o	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation ac	lopts the fol	lowing amend	ment(s) to
A. If amending name, enter the new name of the corporation:				
			The n	iew
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ' word "chartered," "professional association," or the abbreviation	"Co". A professional corpora	rated" or t	he abbreviati must contain	ion the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			. 2	_
			THE STATE OF THE S	
C. Enter new mailing address, if applicable:				3
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	/			-P
	/			
D. If amending the registered agent and/or registered office add		641	72 m 37	
new registered agent and/or the new registered office address		<u>ie or the</u>		
Name of New Registered Agent				
(Florida str	reet 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 t		of the posit	ion.	
Si(N)	Projectional 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 <math>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	PT Jol	hn Doe	
X Remove		ike Jones	
<u>X</u> Add	<u>SV</u> <u>Sa</u>	<u>lly Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Officer	DAVID WUNDER	
Add			
X Remove	\geq		
2) Change			
Add			
Remove			
3) Change	<u></u>		
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	`		
Remove			

Auach aaaiiionai shee	g additional Artices, if necessary).	(Be specific)	<u> </u>		
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			•		
f an amendment pro	vides for an aych	ange raclassificat	ion or cancellatio	n of icensel charse	,
provisions for implei	menting the amer	dment if not cont	ained in the amen	dment itself:	<u>1</u>
(if not applicable,	, indicate N/A)				
	•				
					

The date of each amendment(s) as date this document was signed.	loption:	, if other than the
Effective date if applicable:	March 15 201	6
•	(no more than 90 days after amend	lment file date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filin partment of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cofficient for approval.	ast for the amendment(s)
	roved by the shareholders through voting groups, each voting group entitled to vote separately on	
"The number of votes cast	for the amendment(s) was/were sufficient for app	roval
by		
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholde	er action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder act	ion and shareholder
DatedSignature	D 3/1/16	
(By a di selected	rector, president or other officer – if directors or a, by an incorporator – if in the hands of a receive of fiduciary by that fiduciary)	
	Nolle K. Mar	iture
	(Typed or printed name of person sign	nikg)
	President	
	(Title of person signing)	