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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: SOB	EAUTIFUL REALTY, INC.
DOCUMENT NUMBER: P150000	02505
The enclosed Articles of Amendment	
Please return all correspondence conce	erning this matter to the following:
	JAMES H KOLKA
	Name of Contact Person
	SOBEAUTIFUL REALTY
	Firm/ Company
	540 ARTHUR GODFREY ROAD
	Address
	MIAMI BEACH, FL 33140
	City/ State and Zip Code
	jamey@sobeautifullifestyle.com
E-mail add	ress: (to be used for future annual report notification)
For further information concerning thi	s matter, please call:
JAMES H KOLKA	at ( 407 404-4009
Name of Contact Perso	n Area Code & Daytime Telephone Number
Enclosed is a check for the following	amount made payable to the Florida Department of State:
	Filing Fee & Status Status Status Certified Copy (Additional copy is enclosed) S12.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions Division of Corporations Clifton Building

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

图15 JUL 20 期 19 49

	SAN AND STAFF
(Name of Corporation as	s currently filed with the Florida Dept. of State) Soul, Florida
SOBEAUTIFUL REALT	ГҮ, INC. P15000002505
(Document N	Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Status Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment
If amending name, enter the new name of the corpor	ration:
	The new
ame must be distinguishable and contain the word "co Corp.," "Inc.," or Co.," or the designation "Corp," "In ord "chartered," "professional association," or the abbre	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the
Enter new principal office address, if applicable:	540 ARTHUR GODFREY ROAD
Principal office address <u>MUST BE A STREET ADDRES</u>	MIAMI BEACH, FL 33140
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	540 ARTHUR GODFREY ROAD
· · · · · · · · · · · · · · · · · · ·	MIAMI BEACH, FL 33140
b. If amending the registered agent and/or registered of	
new registered agent and/or the new registered of fice	ce address:
	ce address:
<u>Name of New Registered Agent</u> New Registered Agent	ce address:
Name of New Registered Agent  540 ARTHUR C	GODFREY ROAD  (Florida street address)
Name of New Registered Agent  540 ARTHUR C	GODFREY ROAD

## 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 De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	one <u>s</u>	
_X Add	<u>sv</u>	Sally St	m <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	P	_	CARLOS A. VELEZ	429 LENOX AVE SUITE 4-C23
Add			•	MIAMI BEACH, FL 33139
X Remove				
2) Change	P	<del></del>	RAYMOND L. BUTTERFIELD	255 PRIMERA BLVD. SUITE 160
X Add				LAKE MARY, FL 32746
Remove				
3 ) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		<del>_</del>		
Add				
Remove				

	al sheets, if necessa	Articles, enter charge.  ry). (Be specific)	)		
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		_	ification, or cance	llation of issued sha	ires,
provisions for	ent provides for an implementing the policable, indicate N/	amendment if not	contained in the	mendment itself:	
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	7/15/15	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the De	block does not meet the applicable statutory filing requirements, this date we epartment of State's records.	Il not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	07/15/15	
Signature(By a c	director, president or other officer—if directors or officers have not been	
selecte	d, by an incorporator - Y in the hands of a receiver, trustee, or other court	
appoin	nted fiduciary by that fiduciary)	
	CARLOS A VELEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	# 1