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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: Carib Realty, Inc.	_
DOCUMENT NUMBER:	_
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Contact Person Calib Reathy Inc Firm/ Company 305 Tall Pine LN Address City/ State and Zip Code E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Alicia N. Taylor at (407) 516 454 Name of Contact Person Area Code & Daytime Telephone N	umber
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporat	on
Carib Realty Inc.	
(Name of Corporation as currently filed w	ith the Florida Dept. of State)
715000010347	
(Document Number of Corpora	ition (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "cor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A word "chartered," "professional association," or the abbreviation "P.A."	npany," or "incorporated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ite 500
C. Enter new mailing address, if applicable:	Tourdo, Fr 32801
(Mailing address MAY BE A POST OFFICE BOX) Su	112 500
	dardo, FL 32801
D. If amending the registered agent and/or registered office address in F	orida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent ALICIA	Taylor
37 North 1	range AVE \$500
(Florida stree) addre	(x))))) (X
New Registered Office Address: Of and	, Florida_3080
(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	FILE NSSE 12
M. M. Lay	A Agent, if changing
Signature of New Registered	Agent, if changing TAIE

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:

 $P'=President;\ V=Vice\ President;\ T=Treasurer;\ S=Secretary;\ D=Director;\ TR=Trustee;\ C=Ghairman\ or\ Clerk;\ CEO=Chief\ Executive\ Officer;\ CFO=Chief\ Financial\ Officer.$ 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 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	P	ALICIA N. TAYLOR	37 Novange Ave
. Add			1500
Remove			Orlando, FL 32801
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			ECRE LL AH
4) Change			2 28.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.85 12.8
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Attach additional sheets, if necessary). (Be specific)		
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provisions for implementing the amendment if not contained in the amendment itself:	15 JUN 12	TRUE RESERVES
an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	JUN 12	
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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.	SECRETARY TALLAHASSE
Dated	OF STA
Signature Oe - 2 - Jan	O8
(By a director, president or other officer – if directors or officers have not been	_
selected, by an incorporator – (f in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
A 1	•
HUCIA W. TAYLOR	
(Typed or printed name of person signing)	
Duner/President	
(Title of person signing)	