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COVER LETTER

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: ARIAS	ELITE HOMES P.A.		
DOCUMENT NUMBER: P15 0000 Z	2025		
The enclosed Articles of Amendment and fee are submitted t	or filing.		
Please return all correspondence concerning this matter to the	following:		
	Min Stock		
MAZIAS	of Contact Person FLITE HONES PA :		
19043 Si	irm/ Company V 60 G		
Pembroke 7	Notes of the state		
City/ :	State and Zip Code		
E-mail address: (to be used for fu	nomes Qyahoo. om ture annual report notification)		
For further information concerning this matter, please call:			
MARIA STARK	at (954) 614 – 1533 Area Code & Daytime Telephone Number		
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:			
Certificate of Status Certi (Add	75 Filing Fee & U\$52.50 Filing Fee (ified Copy Certificate of Status itional copy is Certified Copy osed) (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

Articles of Amendment to Articles of Incorporation

of

MARIAS ELITE HOMES F	7.7
(Name of Corporation as currently filed with the Florida Dept. o	
P150000 22 025	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adoptits Articles of Incorporation:	ots the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
MARIA E STARK P. A.	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation nam "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name new registered agent and/or the new registered office address:	of the
Name of New Registered Ayent	
(Florida street address)	
New Registered Office Address:	Florida <u>~ ~</u>
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of	Code HAR -2 COMPANY OF
Signature of New Registered Agent, if changing	
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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 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)	Title	<u>Name</u>	<u>Addres</u> s
1)Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			/ <u></u>
Add			
Remove			
4) Change		_ \\	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles (Attach additional sheets, if necessary). (E.	s, enter chunge(s Be specific)	<u>) here</u> :		
RE.	AL ES	TATE		
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F. If an amendment provides for an exchang	<u>ze, reclassificatio</u>	on, or cancellation of	issued shares,	
provisions for implementing the amenda (if not applicable, indicate N/A)	nent if not conta	ined in the amendme	<u>nt itselt:</u>	
				.
	• •			
				
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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, the epartment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholde	er action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amend ufficient for approval.	ment(s)
	proved by the shareholders through voting groups. The following s reach voting group entitled to vote separately on the amendment(s)	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
Dated	3/12/19.	
selecte	director, president or other officer – if directors or officers have not ed, by an incorporator – if in the hands of a receiver, trustee, or other ded fiduciary by that fiduciary)	
цүхл	Maria Somer	
	(Typed or printed name of person signing)	
	Title of second desired	
	(Title of person signing)	