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STORETARY OF STATE OF

Amendicus

SEP 29 2015

I ALBRITTON

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations						
NAME OF CORPORATION:	OBEI	nutiful	Real+>	inc		
DOCUMENT NUMBER:	,720	00038	728			
The enclosed Articles of Amendment and	l fee are subm	itted for filing.				
Please return all correspondence concern	ng this matter	to the following:				
E-	224 C	OCLMAN				
	Name of Contact Person So Beau + if a C Reulty Firm/Company					
	Thus company					
	540 ARTLAR GODFYRY ND.					
M. A	mi Be	City/ State and Zip Coo	33/40			
		City/ State and Zip Cod	le			
Ezzy	@ 00	ICLMAN	. (oh			
E-mail address: (to be used for future annual report notification)						
For further information concerning this n	natter, please o	all:				
E 774 OvcLmav Name of Contact Person		at (726	4856		
Name of Contact Person		Area C	ode & Daytime Tel	ephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:						
S35 Filing Fee S43.75 Filing Certificate		□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Certificate of Certified Cop (Additional Cop is enclosed)	Status Py		
Mailing Address			t Address			
Amendment Section Division of Corporation	ns		idment Section ion of Corporations	S		

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

	of	•			
So Beau ti	ful Rea	try	Inc		
(Name of Corpora	tion as currently			Dept. of State)	
P)	500003	382	28		
(Doct	ument Number of	Corporati	on (if known)		
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this F	Florida Pr	ofit Corporati	ion adopts the fol	llowing amendment(s) t
A. If amending name, enter the new name of the	corporation:				
					The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the	rp," "Inc," or "C he abbreviation "I	Co". A p	any," or "in rofessional co	corporated" or rporation name	the abbreviation must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>30X</u>)				MIS SEP 2
D. If amending the registered agent and/or registered agent and/or the new registered			rida, enter th	e name of the	P 23 PH 12: 46
Name of New Bogistand Agent					
Name of New Registered Agent					
	(Florida stre	eet address			
New Registered Office Address:				, Florida	
New Registered Office Address.	((City)			(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent			ccept the oblig	gations of the pos	ition.
Si	gnature of New R	egistered	Agent, if chan	ging	

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	PT John	Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	Title	Name	Address
l) Change	P	RIVKA DUCHMAN	MIAMI BERCH FI 37/40
Add			MIAMI BERCH FT 3770
Remove			
2) Change	V.P	JAMES, H. KOLKA	4373 Pive tree DR. Miani Beach Fl 731/0
Add			January David
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

If amending or adding additional Arti	cies, enter change(s) nere:
(Attach additional sheets, if necessary).	(Be specific)
	
	
	
	
	•
	
	
If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(ij noi applicaole, inalcale N/A)	
	

The date of each amendment(s) adoption:	, if other than th
uate this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(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 document's effective date on the Department of State's records.	will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
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):	t
"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.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 9-7)-15 Signature A Din	
Signature A Din	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
RIUKA OUCLMAN	
(Typed or printed name of person signing)	
PResident.	
(Title of person signing)	