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(Re	equestor's Name)		
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OCT 2.2 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FPMG R	leal Estate Division, INC			
DOCUMENT NUMBER: P150000 84604				
The enclosed Articles of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this matter to the following:				
David Briel				
	Name of Contact Person			
FPMG Real E.	Name of Contact Person state Division, INC			
	Firm/ Company			
5881 N.W 1	Firm/ Company 151 ST # 206 Address			
	Address			
Miami Cakes	Address FL 33014 City/ State and Zip Code			
	City/ State and Zip Code			
DBrieL @ Flo	Rida Management Group com			
DBriel & Florida Management Grosp.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
~ 1 -				
David Briel	at (305) 598 - 4068			
Name of Contact Person	Area Code & Daytime Telephone Number			
	"			
Enclosed is a check for the following amount made p	payable to the Florida Expartment of State:			
\$35 Filing Fee \$\$\subset\$\$\subset\$\$\$\subset\$\$\$\$\$\subset\$	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address	Street Address			
Amendment Section Amendment Section				
Division of Corporations	Division of Corporations			
P.O. Box 6327 Clifton Building				
Tallahassee, Fl. 32314	2661 Executive Center Circle			
	Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

FPMG Red Estate Division	n, INC
PISOOOD 84604	y filed with the Florida Dept, of State)
	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NA	The new
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 " B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Co". A professional corporation name must contain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office addi- new registered agent and/or the new registered office address	
Name of New Registered Agent NAM	
(Florada str	eet address) Size
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar to the second secon	<u>:</u>

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Signature of New Registered 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 tule, 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.

X Change	<u>PT</u> <u>John</u>	1 Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	رق	ALicia king	4430 Park Bluel N.
X _ Add			Pinellas Park, FL 33781
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<i>y</i>	
Add		! "	
Remove			

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an amendment provides for an ex- rovisions for implementing the an (if not applicable, indicate N/A)	hange, reclassification, or endment if not contained i	cancellation of issued sha n the amendment itself:	res,
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The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable: 10/19/15	
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 document's effective date on the Department of State's records.	not be listed as the
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):	
"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 10/19/15	
Signature <u>suavafeal</u>	_
(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)	
luara leal	
(Typed or printed name of person signing)	
President	
(Title of person signing)	