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| Certified Copies | Certificates | s of Status |
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| Special Instructions to I | Filing Officer: | |
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Office Use Only



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MAY U 9 2016

C. CARROTHERS



May 4, 2016

MARIET OSTOS 2751 S CHICKASAW TRAIL STE 106 ORLANDO, FL 32829

SUBJECT: IBR REALTY, CORP Ref. Number: P16000006316

We have received your document for IBR REALTY, CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

ONLY CHECK ONE BOX ON PAGE 4 OF 4

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 216A00009285

Cathy A Carrothers Regulatory Specialist

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: IBR REALTY, CO | DRP | |
|-------------------------|--|--|--|
| | BER: P16000006316 | | |
| The enclosed Articles | s of Amendment and fee are su | bmitted for filing. | |
| Please return all corre | espondence concerning this ma | tter to the following: | |
| | MARIET OSTOS | | |
| | · | Name of Contact Person | 1 |
| | SUCCESS BUSINESS SOLI | JTION, INC | |
| | | Firm/ Company | |
| | 2751 S CHICKASAW TRAI | - | |
| | | Address | |
| | ORLANDO, FL 32829 | | |
| | | City/ State and Zip Code | 9 |
| MOS | TOS@MARIETOSTOS.COM | 4 | |
| | • | ed for future annual report | notification) |
| | E-man address. (to be us | ed for future annual report | notification) |
| For further information | on concerning this matter, pleas | e call: | |
| MARIET OSTOS | | at (407 | 745-4684 |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check fo | or the following amount made p | payable to the Florida Depa | rtment of State: |
| \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Am Div P.O | iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314 | Amend Divisio Clifton 2661 E | Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301 |

Articles of Amendment to Articles of Incorporation of

| IBR REALTY, CORP | | |
|---|---|---|
| (Name of Corporation | as currently filed with the Florida Dept. of S | tate) |
| P16000006316 | | |
| (Documen | t Number of Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation: | tatutes, this Florida Profit Corporation adopts | the following amendment(s) |
| A. If amending name, enter the new name of the corp | oration: | |
| N/A | | The new |
| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the about | "Inc," or "Co". A professional corporation | |
| B. Enter new principal office address, if applicable: | | 28 |
| (Principal office address MUST BE A STREET ADDRI | ESS) N/A | |
| • | | |
| | | <u> </u> |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | F.F.C. |
| | | ORNE PROPERTY OF THE PROPERTY |
| | | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered off | | <u>the</u> |
| Name of New Registered Agent N/A | | |
| | | |
| | (Florida street address) | |
| New Registered Office Address: | , Flor | ida |
| | (City) | (Zip Code) |
| · | | |
| | • • • | |
| New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a | | ie position. |
| | , 5 , | |
| | | |
| 6: | re of New Registered Agent, if changing | |
| Signatu | ire oi ivew Kegisierea Ageni. Il 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 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 | Name | <u>Addres</u> s |
| 1) Change | P | JOHN MARIN | 6864 HOCHAD DR |
| Add | | | ORLANDO, FL 32819 |
| X Remove | | | |
| 2) Change | P | REBECCA MARIN | 6864 HOCHAD DR |
| X Add | | | ORLANDO, FL 32819 |
| Remove | | | |
| 3) Change | | _ | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | • | |
| Remove | | | |
| 5) Change | | - | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | , |
| | | | |

| I/A | (Be specific) |
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| If an amendment provides for an exch | ange, reclassification, or cancellation of issued shares, |
| provisions for implementing the amen | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
| If an amendment provides for an exchiprovisions for implementing the amen (if not applicable, indicate N/A) | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
| provisions for implementing the amen | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
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| provisions for implementing the amen | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |

| mt 4-1 | 04/25/2016 | |
|---|--|----------------------|
| The date of each amendment(s) addite this document was signed. | obdest: | if other than the |
| • | | |
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this bi document's effective date on the Dep | ook does not most the applicable statutory filing requirements, this date will saturent of State's records. | not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were adopty the shareholders was/were suf | eted by the shareholders. The number of votes cast for the amendment(s) flicient for approval. | |
| | oved by the shareholders through voting groups. The following statement each voting group entitled to vote separasely on the amendment(s): | |
| "The number of votes oast f | or the amendment(s) was/were sufficient for approval | |
| by | | |
| • | (voting group) | • |
| action was not required. | sted by the board of directors without shareholder action and shareholder | |
| The amendment(s) wes/were adoption was not required. | pted by the incorporators without shareholder aution and shareholder | |
| . 04/25/20 6 | | |
| Dated Signature | Juli Hilly I | |
| (By a dis | rector president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other count ed fiduciary by that fiduciary) | _ |
| аррони | an interiory by that interiory) | |
| . 1 | Mario Marin | |
| • | (Typed or printed name of person signing) | |
| . * | Percent | |
| - | (Title of person signing) | |
| | , | - |

Page 4 of 4