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(Business Entity Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Realty Referral So	olutions, Inc.	
DOCUMENT NUMI	BER: P16000014249		
	of Amendment and fee are st	ibmitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:	
	Amy Lopez		
		Name of Contact Perso	on .
	Realty Referral Solutions, In	c.	
		Firm/ Company	
	3501 Del Prado Blvd. S #110	• •	
		Address	
	Cape Coral, FL 33904		
		City/ State and Zip Coc	le
amy@	eapeinfo.net		1/
	•	sed for future annual report	t notification)
	(-	1	,
or further information	concerning this matter, pleas	se call:	
Amy Lopez		at (²³⁹	214-6057
Name (of Contact Person	Arca Co	ode & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:
S35 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)
Ame Divi P.O.	ling Address Indinent Section Ission of Corporations Box 6327 Ishassee, FL 32314	Ameno Divisio Cliftor	Address dment Section on of Corporations 1 Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

Realty Referral Solutions, Inc.				
(<u>Name</u>	of Corporation as curren	tly filed with the Florida De	pt, of State)	
P16000014249				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation	adopts the following	g amendme
A. If amending name, enter the new na	ame of the corporation:	NIA		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," or	"Co". A professional corpo		- obreviation
B. Enter new principal office address,	if annlicable:	NIA	₫	 ⊗
(Principal office address <u>MUST BE A S</u>				DEC F
				51
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)		NIA		- E 15: #3
D. If amending the registered agent an new registered agent and/or the ne			ame of the	
	Amy Lopez			
Name of New Registered Agent	3501 Del Prado Blvd S. #	#110		
		treet address)		
New Registered Office Address:	Cape Coral	•	. Florida	
New Registered Office Address.		(City)	, Plorida(Zip C	ode)

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Page 1 of 4

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> <u>Joh</u>	n Doc	
X Remove	<u>V</u> <u>Mil</u>	ce Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Amy Lopez	3501 Del Prado Blvd. S #110
x Add			Cape Coral, FL 33904
Remove			
2) Change	Ъ	Thomas Pierce	3501 Del Prado Blvd S
Add			Cape Coral, FL 33904
x Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
NIA	
7-117	
	······································
F. If an amendment provides for an exchange, reclassification, or cancellation of provisions for implementing the amendment if not contained in the amendment (if not applicable, indicate N/A)	<u>issued shareş,</u> nt itself:
NIA	

	12/01/2018	-0 1 1
The date of each amendment(s)) adoption:	, if other than the
date this document was signed.		
	2/01/2018	
rective date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this of Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendmen sufficient for approval.	t(s)
	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes ea	ast for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	der
12/01/20 Dated		
Signature		
selec	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other continued fiduciary by that fiduciary)	
	Thomas Pierce	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

 $(a,b) = (a,b) \cdot (a,b)$