

P16000043457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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07/18/16--01045--026 **43.75

FILED
16 AUG 15 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*amend/
name change*

AUG 23 2016

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: 2REALTOR CORP

DOCUMENT NUMBER: P16000043457

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUSTAVO PELAEZ

Name of Contact Person

2REALTOR CORP

Firm/ Company

16152 NW 24 STREET

Address

PEMBROKE PINES, FL 33028

City/State and Zip Code

gustavo2realtor@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GUSTAVO PELAEZ

Name of Contact Person

at (954)

655-5681

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FL
16 AUG 15 PM 4:58

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2016

GUSTAVO PELAEZ
2REALTOR CORP
16152 NW 24 STREET
PEMBROKE PINES, FL 33028

SUBJECT: 2REALTOR CORP
Ref. Number: P16000043457

We have received your document for 2REALTOR CORP and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

You must submit the complete application. You are missing pages 2 and 3.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 516A00015850

16 AUG 15 PM 4:30

Articles of Amendment
to
Articles of Incorporation
of

2REALTOR CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P16000043457

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

GUSTAVO PELAEZ, P.A.

The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

16152 NW 24 STREET

PEMBROKE PINES, FL 33028

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

16152 NW 24 STREET

PEMBROKE PINES, FL 33028

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

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 the position.

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 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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

this name amendment is required by the DBPR (Department of Business and Professional Regulations)

please see attached letter from the DBPR

Real Estate

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 07-11-2016, if other than the date this document was signed.

Effective date if applicable: 07-11-2016
(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 not be listed as the document's effective date on the Department of State's records.

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

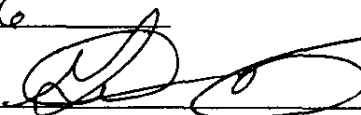
by _____."
(voting group)

- ☐ 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

07/11/16

Signature



(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)

Gustavo Pelaez
(Typed or printed name of person signing)

president
(Title of person signing)

FILED
16 AUG 15 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FL

8/8/2016

Gmail - DBPR Application Deficiencies Application Number: 4368359, Profession 2501



Gustavo Pelaez <gustavo2realtor@gmail.com>

DBPR Application Deficiencies Application Number: 4368359, Profession 2501

1 message

Application Deficiencies <Application.Deficiencies@myfloridalicense.com>

Thu, Jul 7, 2016 at 1:44 PM

To: "GUSTAVO2REALTOR@GMAIL.COM" <GUSTAVO2REALTOR@gmail.com>

July 7, 2016

Gustavo Adolfo Pelaez

Re: Florida Real Estate Commission

Application Number: 4368359, Profession 2501

Dear Gustavo Pelaez:

Thank you for being one of our valued licensees. We appreciate the opportunity to assist you in this matter.

We received your request which we are unable to complete for the following reason(s):

We are unable to honor your request to add a PA/LLC designation to your name. Your name is registered as a fictitious name with the Department of State, Division of Corporations, instead of as a company registration. Please register your name with the Division of Corporations at www.sunbiz.org to reflect a company registration and resubmit your request. You may contact them by phone at 850.245.6000.

Option one for online applicants:

If you submitted your application using our online services you can submit the requested information through your online account. Please log onto your account at <http://www.myfloridalicense.com>, once logged in take the following steps:

1. Select "Application Status Inquiry" from the **Functions** menu on the left hand side of the main account screen
2. Locate the application you are submitting information for and select "Attach" on under **Attachments**
3. Use the "Browse" button to locate the file you need to upload from your computer
 - a. Once you have selected the file select **Attach**

Gmail - DBPR Application Deficiencies Application Number: 4368359, Profession 2501

b. Once all files have been attached select **Save**

Option two for all applicants:

DBPR-Central Intake

Tallahassee, FL 32399-0783

Thank you in advance for your cooperation.

MC