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Division of Corporations

Fax Number

: (850)617~6380

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007

Phone

: (702)866-2500

Fax Number

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN MIA REALTY WEALTH INC.

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## COVER LETTER

TO: Amendment Section **Division of Corporations** MIA Realty Wealth Inc. NAME OF CORPORATION: P16000056271 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jaycie Howard Name of Contact Person InCorp Services, Inc. Firm/ Company 3773 Howard Hughes Parkway, South Tower, Suite 500 Address Las Vegas, NV 89169 City/ State and Zip Code documents@incorp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jaycie Howard on Behalf of InCorp Services, Inc. 866-2500 Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & **\$35** Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

12:34:18 p.m. 12-12-2016 3/6 3

## Articles of Amendment to Articles of Incorporation of

]	MIA Realty Wealth Inc.		
(Name of Corporat	ion as currently filed with the I	Iorida Dept. of State)	
	P16000056271		
, (Docum	ment Number of Corporation (if I	mown)	
Pursuant to the provisions of section 607,1006, Florid its Articles of Incorporation:	la Statutes, this <i>Flortda Profit Co</i>	prporation adopts the following am	endment(s) to
A. If amending name, enter the new name of the c	orporation;		
Le	vel 7 Real Estate USA Inc.	Th.	. new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	o," "Inc," or "Co". A professi	or "incorporated" or the abbre	viation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)			
	·		·
C. Enter new mailing address, if annilcable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	·-···	
	•		
•			
D. If amending the registered agent and/or registe	ered office address in Florida, e	oter the name of the	<del></del> .
new registered agent and/or the new registered		iter me mine of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	<del></del>
			•
New Registered Agent's Signature, if changing Res I hereby accept the appointment as registered agent.	<u>eistered Agent:</u> I am familiar with and accept th	e obligations of the position.	
	,	<b>⊼</b>	
•			
- Ci-	nature of New Registered Agent, i	f changing AS	
Sign	ioture oj ivew Registerea Agem, i	<u> </u>	Sirmen.
		Y OF	finans.
		F <sub>C</sub> S A	177
		# <b>E</b>	

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.

X Change	PT	John Do	20	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>	٠.	<u>Name</u>	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				'
Remove				
4) Change		•		
Add		_		<del></del>
Remove				
5) Change	<del></del>	<b>.</b>		
Add				
Remove				
6) Change				
Add				<del> </del>
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	·
	**************************************
	· · · · · · · · · · · · · · · · · · ·
	<u> </u>
	•
F. If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself;
N/A	
	·
<b></b>	

111		•	12:34:53 p.m.	12-12-2016	6 /6
The date of each amendment(s) at date this document was signed.	loption:			, if other	than the
Effective dute if applicable:					
	(no more than	90 days after amendment fil	e date)		
Note: If the date inserted in this b document's effective date on the De		licable statutory filing requi	rements, this o	iate will not be liste	d as the
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. Tficient for approval.	he number of votes cast for t	he amendment	(s)	
☐ The amendment(s) was/were app must be separately provided for				nent	
"The number of votes cast	for the amendment(s) was/w	rere sufficient for approval			
by	· · · · · · · · · · · · · · · · · · ·				
	(voting group)				
☐ The amendment(s) was/were add action was not required.	pted by the board of directo	rs without shareholder action	and sharehold	der	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators w	ithout shareholder action and	shareholder		
December Dated	er 9, 2016				
<i></i>					
Signature					
selected	irector, president or other of 1, by an incorporator — if in ed fiduciary by that fiduciar	ficer — if directors or officers the hands of a receiver, truste y)	have not beer e, or other co	n urt	
	Patrick Schmitt				
	(Typed or printe	d name of person signing)			
	President				
	(Titl	e of person signing)	<del></del>		