

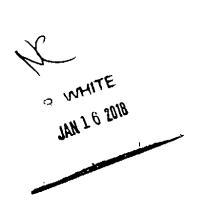
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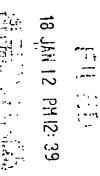
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SOUTH FLORID	A LUXURY RE, PA	
DOCUMENT NUMB			
	of Amendment and fee are su	ebmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
	LIVNA NATIV		
•		Name of Contact Person	n
-	<u> </u>	Firm/ Company	
<u>.</u>	305 PINE SHADOW WAY		
		Address	
	WELLINGTON, FL 33414		
-		City/ State and Zip Cod	e
LIVN	AREALTOR@GMAIL.COM	И	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
SETH M. LIPSON CP	Α	at (478-1011
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327	Amend Divisio Clifton	Address Iment Section on of Corporations Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

FILED

18 JAN 12 PH 12: 39

STTING TO LAW

SOUTH FLORIDA LUXURY RE, P.A.

P16000063080	tion as currently filed with the FI	orida Dept. of State)
	ment Number of Corporation (if kn	nown)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this Florida Profit Cor	poration adopts the following amendment(s)
A. If amending name, enter the new name of the c	corporation:	
LIVNA NATIV, P.A.		The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	p," "Inc," or "Co". A profession	or "incorporated" or the abbreviation
B. <u>Enter new principal office address, if applicable</u> Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable:	010	
(Mailing address <u>MAY BE A POST OFFICE BC</u>	<u></u>	
D. If amending the registered agent and/or registe	ered office address in Florida, en	ter 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:	(City)	, Florida
	(0.0)	(sip Cont)
New Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.	gistered Agent:	ablications of the modeline
, seech me appointment as registered agent.	Tampaminar with and accept the	omigations of the position.
e-	AM B A A	
Sign	nature of New Registered Agent, if	cnanging

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	PT Johr	<u>n Doc</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) _ Change	. —	i	
Add			
Remove			-
2) Change			
Add			
Remove			
3) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
4) Change		 	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
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Remove			

f 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)	rovisions for implementing the amendment if not contained in the amendment itself:	If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
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The date of each amendment(s) date this document was signed.	adoption:	_, if other than the
Effective date <u>if applicable</u> :		
	(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 date will Department of State's records.	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 amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
1/4/18 Dated Signature	Secret Colin	
(By a selec	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)	_
	LIVNA NATIV	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	