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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: IMMO TZ. INC.
OCUMENT NUMBER: P16000074755
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
EMERSON PIMENTEL, ESQ.
Name of Contact Person
POLO PIMENTEL LAW, P.A.
Firm/ Company
175 SW 7TH STREET, SUITE 1900
Address
MIAMI, FLORIDA, 33130
City/ State and Zip Code
INFO@POLOPIMENTELLAW.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
EMERSON PIMENTEL, ESQ. at (305) 7145304
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:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee Certificate of Status (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 Tallahassee, FL 32314 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

IMMO TZ, INC

_	y filed with the Florida Dept. of State)
<i>P160000 74755</i> (Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	г.д.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7.5. ZO
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address	
Name of New Registered Agent	بن جو الله الله الله الله الله الله الله الل
(Florida str	eet address)
New Registered Office Address:	, Florida(Cirv) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar t	
Signature of New R	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.

X Change	PT	John Doe		
X Remove	<u>v</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
I) Change				
Add				
Remove				·
2) Change				
Add				
Remove	\$D	NATALIE T2	ZOLOV-CUK	511 SE 5TH AVE., UNIT 1413
3) Change				
X Add Remove				ft. Lauderdale, FL 33301
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	·			
Add				
Remove				

. If amending or add	ing additional Arti	(Ra manifa)	e(s) here:		
(Attach additional sh	eets, if necessary).	(Be specific)			
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If an amendment pr	rovides for an exch	ange, reclassifica	tion, or cancellat	ion of issued shares	<u>i.</u>
provisions for imp	lementing the ame	ndment if not con	tained in the ame	endment itself:	
(ij noi applicae	The trial case 1 th 1 th				
s.					
					
•					* * * *

The date of each amendment(s) adoption:
·
Effective date if applicable: (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 document's effective date on the Department of State's records.
Adoption of Amendment(s) (<u>CHECK ONE</u>)
☐ 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.
09/27/2016 Dated 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)
DR. MADLENA TZOLOV
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)