## P16000073311

(Requestor's Name)			
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(Address)			
(City/State/Zip/Phone #)			
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(Document Number)			
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2021 NOV 12 AM 8: 50

SECRETARY OF STAIR
TALLAND SEEL FIRE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Potential Realty, In	ic.	
	BER: P16000078311		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Einar Valerdi		
		Name of Contact Persor	
	Potential Realty, Inc.		
		Firm/ Company	
	4704 Marcos Circle		
		Address	
	Kissimmee, Florida 34758		
		City/ State and Zip Code	
	evalerdi@potentialrealty.com	1	
	<del>= -</del>	sed for future annual report	notification)
For further informatio	on concerning this matter, pleas	se call:	<b>647-7599</b>
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
☐ \$35 Filing Fee	\$43.75 Filing Fec & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



Potential Realty, Inc.

2021 NOV 12 AM 8: 50

(Name of Corporation as currently	filed with the Florida Dept! of State)
P16000078311	ALL ARASOLE, EL
(Document Number of t	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Potential Group, Inc.	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	NIA
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	'
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent N/A	
,	
(Florida stree	et address)
New Registered Office Address: ~ / A	, Florida
10	City) Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Res	gistered Agent, if changing
Signature by New Neg	Same on the state of the state
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove Change			<del> </del>	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

	ects, if necessary).	icles, enter change (Be specific)	<u> </u>		
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If an amendment p	rovides for an excl	hange, reclassifica	tion, or cancellation	of issued shares,	
provisions for imp	olementing the ame ble, indicate N/A)	endment if not cor	tained in the amend	ment itself:	
(5)	,				
					<del>-</del>
				<del></del>	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	11 08/2021	
<u> </u>	(no more than 90 days after	amendment file date)
Note: If the date inserted in this document's effective date on the		ry filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of dire	ectors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of sufficient for approval.	votes cast for the amendment(s)
	approved by the shareholders through voting for each voting group entitled to vote separat	
"The number of votes ca	st for the amendment(s) was/were sufficient	for approval
by	(voting group)	."
	(voting group)	
Dated	11/08/2021	
Signature		
	director, president or other officer – if directed, by an incorporator – if in the hands of a	
	inted fiduciary by that fiduciary)	receiver, hustee, or other court
	C' oc Mara l'	
	(Typed or printed name of pers	son signing)
	President	
	(Title of person signing)	