P160000 88392

(R	Requestor's Name)	
(A	ddress)	
(A	ddress)	
(C	Sity/State/Zip/Phone #)	
PICK-UP	WAIT N	IAIL
(B	Business Entity Name)	
(D	Ocument Number)	
Certified Copies	Certificates of Status _	
Special Instructions to	o Filing Officer:	

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPO	ORATION:	L ESTATE SOLUTIONS	INC
DOCUMENT NUM	P16000088392		
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Jimmy Tassi		
		Name of Contact Persor	1
	COMPLETE REAL ESTAT	E SOLUTIONS INC	
		Firm/ Company	
	7 Corrie Pl		
		Address	
	Boynton Beach Fl33426		
		City/ State and Zip Cod	· ·
jimı	nytassi@gmail.com		
3	. •	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Jimm!	1 Taggi	at (<u>56 /</u>	de & Daytime Telephone Number
Nome	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	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)
M	ailing Address		Address
Amendment Section Division of Corporations		Amendment Section Division of Corporations	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

المناء

to

	Articles of Inco	rporation ²	- - - - - - - - - -	
Complet	re Real Fr	state 38	1724161841Inc	
(Name o	of Corporation as currently	filed with the Florida	Dept. of State)	
	(Document Number of C	Corporation (if known		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporal	ion adopts the following amendments	i) to
A. If amending name, enter the new na	me of the corporation:			
			The new	
"Corp.," "Inc.," or Co.," or the design word "chartered." "professional associa B. Enter new principal office address, (Principal office address MUST BE A S C. Enter new mailing address, if appli	tion," or the abbreviation "P if applicable: TREET ADDRESS) cable:	.4. "		
(Mailing address <u>MAY BE A POST (</u>				
D. If amending the registered agent an	d/or registered office addre	<u>ss in Florida, enter tl</u>	e name of the	
new registered agent and/or the new Name of New Registered Agent	Jimmy Tassi			
	7 Corrie Pl			
	(Florida stree	a address)		

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Boynton Beach

Signature of New Registered Agent, if changing

(City)

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:

 $P = President; V \circ Vice President; T \circ Treasurer; S \circ Secretary; D \circ Director; TR \circ Trustee; C \circ Chairman or Clerk; CEO \circ Chief Executive Officer; CFO \circ Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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.

<u>PT</u> <u>John</u>	n Doe	
<u>V</u> <u>Mik</u>	e Jones	
<u>SV</u> <u>Sall</u> y	y Smith	
<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Diretor	William Howsare	5050 W ATLANTIC Ave
		Delray Bch Fl
		33484
secretary	Jason Kallman	5050 W ATLANTIC AVE
		DELRAY BCH_FL
		33484
Director	Trappist One Holdings Inc	8 The Green
		A
		DOVER DE.19901
REG.AC	STENN ZWELLIGLLC	7280PALMETTO RD
		BOCA RATON FL
		33433
		 _
		_
	V Mik SV Sall: Title Diretor Secretary Director	V Mike Jones SV Sally Smith Title Name Diretor William Howsare Secretary Jason Kallman Director Trappist One Holdings Inc



 If amending or adding additional Arti (Attach additional sheets, if necessary). 	(Be specific)
	
. If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
13	
	



The date of each amendment(s) adopt date this document was signed.	tion:, 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 this block document's effective date on the Depart	k does not meet the applicable statutory filing requirements, this date will not be listed as the timent of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were adopted by the shareholders was/were suffic	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.
	ed by the shareholders through voting groups. The following statement th 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)
	(voting group)
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder
10/25/2019 Dated	
Cimptura	22
selected.	tor, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
אונ	IMY TASSI
	(Typed or printed name of person signing)
Di	rector
	(Title of person signing)