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COVER LETTER

TO: Amendment Section

Division of Corporations

Heartland Capital and Realty Inc. NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Humberto Ambriz Jr Name of Contact Person Firm/ Company 27 Notre Dame St Address Lake Placid, FL 33852 City/ State and Zip Code humberto_ambriz@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Humberto Ambriz Jr 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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy 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 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

17 JAN 11 AH 10: 38

Heafland (Name of Corporati	Capital ion as currently filed wi	Charles The the the Florida De	pt. of State)	Tre.
		<u>-</u>	<u> </u>	
(Docum	nent Number of Corporat	ion (if known)		
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this <i>Florida P</i>	rofit Corporation	adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the co	orporation:	42		The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	o, " "Inc, " or "Co". A j	pany," or "incorporofessional corpo	oorated" or ration name	the abbreviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI		[8		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	N /A		
D. If amending the registered agent and/or registered new registered agent and/or the new registered	red office address in Flo	orida, enter the na	me of the	
Name of New Registered Agent	NA NA			
	(Florida street address	<u> </u>		
New Registered Office Address:	(City)		_, Florida	(Zip Code)
	ν,	``	a	, ,
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and a	ccept the obligatio	ns of the pos	ition.
•	•	N	197	

Signature of New 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	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	D	Mark O Cheeley	1225 Bayview Drive
X Add			Ft. Lauderdale, FL 33304
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove		•	
4) Change			
Add		•	
Remove		•	
5) Change			
Add			
Remove			
<i>δ</i>) Change			
Add			
Remove			

* */	cles, enter change(s) here: (Be specific)	
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		cellation of issued shares,
an amendment provides for an exch	ange, reclassification, or can	a amandmant itaalfe
an amendment provides for an exch rovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or can ndment if not contained in th	e amendment itself:
ovisions for implementing the ame	ange, reclassification, or can	e amendment itself:
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rovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or can	e amendment itself:

1/4/2017 The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
1/4/2017 Effective date if applicable:	
	after amendment file date)
Note: If the date inserted in this block does not meet the applicable st document's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The numb- by the shareholders was/were sufficient for approval.	er of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vomust be separately provided for each voting group entitled to vote se	
"The number of votes cast for the amendment(s) was/were suffice	cient for approval
by	.,,
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors withou action was not required.	
The amendment(s) was/were adopted by the incorporators without sha action was not required.	reholder action and shareholder
1/4/2017 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)	
Humberto Ambriz Jr.	
(Typed or printed name o	f person signing)
President	
(Title of pers	on signing)