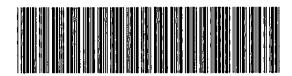
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(Re	equestor's Name)		
(Ad	ldress)		
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PICK-UP	☐ WAIT	MAIL	
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Amend

MAR 28 2017 I ALBRITTON

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: Real Estate DOCUMENT NUMBER:	of South FL. com Inc.			
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
	Name of Contact Person			
	Firm/ Company			
4214 SW Jarmer Road Address				
Port Sai	mt Lucir, FL 34953			
	City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Jacqui Vidal Name of Contact Person	at (561) 348-4548 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$\sum_{\sum_{\text{S}}}\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations			

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

REAL ESTATE OF SO	
(Name of Corporation as curr	rently filed with the Florida Dept. of State)
P17000	019064
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	<u>u</u>
	The new
name must be distinguishable and contain the word "corpor" ("Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," word "chartered," "professional association," or the abbreviati	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	201MAR 2 PALLAMASSEE
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	address in Florida, enter the name of the ress:
Name of New Registered Agent	
(Florid	la street address)
New Registered Office Address:	. Florida
Ten regime to office reading.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am famil	
Signature of Ne	ew 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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	6	Mitrony Martell	14524 Wimbledon Loop
Add		,	Little Rode, AR 72216
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
4) Change			
Add			,
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
WARE THE PROPERTY OF THE PROPE	
	,
f an amendment provides for an exch provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 50 days after amenament fite date)	
Note: If the date inserted in this blo document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this artment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes cast for the amendment cient for approval.	nt(s)
	oved by the shareholders through voting groups. The following state ach voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareho	lder
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated3\2	2/17	
Signature	rai Vidal	
selected	ector, president or other officer - if directors or officers have not been by an incorporator - if in the hands of a receiver, trustee, or other coll fiduciary by that fiduciary)	
_	(Typed or printed name of person signing)	
_	(Title of person signing)	