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09/06/17--01003--018 ******



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17 SEP -5 PHI2: 13

NC SEP 0.7 2017

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Real	11 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
DOCUMENT NUMBER: _ P \1 OO	<u> </u>
The enclosed Articles of Amendment and fee ar	e submitted for filing.
Please return all correspondence concerning this	 matter to the following:
Rita 7	50 Smith
	Name of Contact Person
- Healty	By Kita PA
2 377 D:	ovesong Trace Dr.
	Address
Ruskin	FL 33570
	City/ State and Zip Code
ritairs	ss: (to be used for father annual report notification)
E-h i àil addre	ss; (to be used for fathre annual report notification) (
For further information concerning this matter.	lease call:
Rita Jo Smith	ar (813 482-503)
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clitton Building
Tallahassee, FL 32314	2661 Executive Center Circle
li .	Tallahassee, FL 32301

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Articles of Amendment to

Articles of Incorporation of

17 SEP -5 PH 12: 13

Realty By Ri	ta PA	THE	LAINSEFFE	
(Name of Corporation as current	ly filed with the Flori	da Dept. of State)		_
P V7DDD 36	9 66 er of Corporation (if kn	iown)		
, , , , , , , , , , , , , , , , , , , ,	,			
Pursuant to the provisions of section 607,1006, Filencorporation:	orida Statutes, this <i>con</i>	rporation adopts the f	ollowing amendment(s)) to its Articles of
i A. If amending name, enter the new name of th	e corporation:			
B' 1 1 5 5 1 1 1	00			
name must be distinguishable and contain the		Maramarana Ware Mark		The new
"Corp.," "Inc.," or Co.," or the designation [C	word Corporation, 'orn.'' "Inc.'' or "Co	- Company, or me ". A vrofessional co	orporatea - or inc and vocation name must co	oreviation ontain the
word "chartered," "professional association," or	the abbreviation "P.A		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
B. Enter new principal office address, if application	able:			
(Principal office address <u>MUST BE A STREET</u>)	<u>ADDRESS</u>)			
	-			
1				
l'i	_			
C. Enter new mailing address, if applicable:	nav.			
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u>)			
<u> </u>				
1				
D. <u>If amending the registered agent and/or reg</u> i	istered office address	in Florida, enter the	name of the	
new registered agent and/or the new register		The state of the s	Hatte to the	
Name of New Registered Agent				
	(Florida stree	t address)		
New Registered Office Address: 1	(63:00)	, Fle	rida	
	(City)		(Zip Code)	
\{				
<u> </u>				
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ager		and committee ablian	eliner of the new letter	
i nereoy accept the appointment as registerea ager [[u. Tam jamuar wun	ана ассері те обиде	mons of the position.	
				
Signature o	of New Registered Agei	nt, if changing		
!				
\{i				

address of each Officer's (Attach additional sheets, Please note the officer/dir P = President; V= Vice I Executive Officer; CFO = held, President, Treasure Changes should be noted	and/or Di if necess rector title President = Chief F r. Directo in the fol wes the co	irector being a ary) by the first le T = Treasurer inancial Officer would be PT lowing manner proporation, Sal	ther of the office title: S= Secretary: D= Director: TR= Trustee: C = Chairman or Clerk: CEO = Chiefer. If an officer/director holds more than one title, list the first letter of each office D. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is ly Smith is named the V and S. These should be noted as John Doe. PT as a Change.
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>	Nam 	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change			
Add		[]	
Remove			
3) Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change		- "	
Add			
Remove			
6) Change		_	
Add			
Remove			

. If amending or adding additional Artic	les enter change(s) here
(Attach additional sheets, if necessary).	(Be specific)
(read) and meets, if he cessury,	
	1
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If an amendment provides for an exchar	ge, reclassification, or cancellation of issued shares,
oravisions for implementing the amend	ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(9 //// 14/4/11/11/11/11/11/11/11/11/11/11/11/11	
<u> </u>	
	<u>{</u>
]
	II

The date of each amendment(s) adoption: _		, if other than the
date this document was signed.		•
Effective date <u>if applicable</u> :		 -
	'(no more than 90 days after amendment file date) -	
Adoption of Amendment(s) (<u>C</u>	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient to	e shareholders. The number of votes east for the amendment(s) rapproval.	
	he shareholders through voting groups. The following statement in group entitled to vote separately on the amendment(s):	
"The number of votes east for the am	iendment(s) v <u>as/ware wit/S</u> cient for approval	
by	oting group)	
(1	oting group)	
☐ The amendment(s) was/were adopted by th action was not required.	e board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by th action was not required.	e incorporators without shareholder action and shareholder	
Dated 8 \ 3 1\ 2	2017	
Signature (By a director, pr	esident or other officer – if directors or officers have not been	 -
selected, by an in	corporator – if in the hands of a receiver, trustee, or other court try by that fiduciary)	
$\overline{\mathcal{R}}$	Typed or printed name of person signing	_
; ?.	resident	
	(Title of person signing)	