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ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corpora	attons			
NAME OF CORPORA	017.000	borry Rea	l Estate, Inc.	
DOCUMENT NUMBE	r:	23/212	···	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this mat	tter to the following:		
	Varin	ra Domini	1002	
	Ameri	Name of Contact Person	na.	
_	12171	Firm/Company 5W 268-th	Street	
_	Hiam	Address	33032.	
_		City/ State and Zip Cod	e	
	Larimac E-mail Address: (to be us	oming vet a	<u>(imerican lare</u> · ne	+
For further information of	concerning this matter, pleas	se call:		
. 1	5 .			
_ Yarima	Cominquet	at (785	760 2675	
Name of	Contact Person		de & Daytime Telephone Number	-
Enclosed is a check for t	the following amount made p	payable to the Florida Depa	artment of State:	
		,.,,		
\$35 Filing Fee	□\$43.75 Filing Fee &	□\$43.75 Filing Fee &	□\$52.50 Filing Fee	
	Certificate of Status	Certified Copy (Additional copy is	Certificate of Status Certified Copy	
		enclosed)	(Additional Copy	
			is enclosed)	
Mailir	ng Address	Street	Address	
Amen	dment Section	Ameno	Iment Section	
Divisi	on of Corporations	Divisio	on of Corporations	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (Zip Code) New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> Name	Address
I) Change	T Jose E. Garia, Fr.	121713W 208th St Homestead, Florida
X Add	,	Homestead, Horida
Remove	-	<u>33082·</u>
2) Change	D Jose E. Garia, Ir.	12171 SW26844 St
X Add	,	Homestead, Florida
Remove	6 1140.	33032
3) Change	5 Lodoiska Carcia	12171 SW 268/h St
X Add		Hamastand, FLorida
Remove		<u> 33032 . </u>
4) Change	D Lochista Garcia	121715W 268th St
X Add		Homestead, Florida
Remove		<u>33032.</u>
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

	heets, if necessary). (i	Be specific)			
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				<u> </u>	
				<u> </u>	
			<u>. </u>		
					-
		<u>-</u>			
rovisions for im	provides for an exchan plementing the amend able, indicate N/A)	ige, reclassificati ment if not cont	ion, or cancellation ained in the amen	n of issued shares, dment itself:	
			,	<u></u>	
					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<u></u>
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	ll not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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)	
A The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 7/19/2017,	
Signature	
(By a director, president or other officer - if directors or officers have not been	<u>_</u>
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Jose E. Garcia . Fr.	
(Typed or printed name of person signing)	
President.	
(Title of person signing)	