## P17000087946

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nam	ne)
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S. YOUNG

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: MS INVESTMEN	TS & REAL ESTATE INC	
	BER: P17000087946		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	FABIANA DE BARROS		
		Name of Contact Persor	1
	LEGIT CONSULTING SER	VICES LLC	
		Firm/ Company	
	6735 CONROY WINDERM	•	
	-	Address	
	ORLANDO-FL 32835		
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code	e
INFO	@LEGITCS.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
FABIANA DE BARI	ROS	at ( <u></u> 407	2852290
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

MS INVESTMENTS & REAL ESTATE INC	
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P17000087946	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A 5 M
	- 교
	Si #
D. If amending the registered agent and/or registered office ad-	ldress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida s	street address)
	·
New Registered Office Address:	, Florida
	\(\frac{1}{2}\)
New Registered Agent's Signature, if changing Registered Ager	nt:
I hereby accept the appointment as registered agent. I am familian	r with and accept the obligations of the position.
Simultury of Nove	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>	<u>Addres</u> s
1) Change	AP	ANDRE LUIZ LOBO	4858 MILLENIA PARK DR
Add			ORLANDO, FL 32811
X Remove			
2) Change	_		
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	
E. If amending or additional she		onal Articles, enter change(s) here: cessary). (Be specific)	

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F. If an amendment provides for an exchange, recla-	ssification, or cancellation of issued shares,	
provisions for implementing the amendment if n	ot contained in the amendment itself:	
(if not applicable, indicate N/A)		
		<del></del>
		<del>, ,,,</del>
		<del> </del>
	Page 3 of 4	
	•	
The date of each amendment(s) adoption:		, if other than the
date this document was signed.		
Effective date if applicable:		
(no me	ore than 90 days after amendment file date)	<del></del>

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through votinust be separately provided for each voting group entitled to vote separately.	ing groups. The following statement trately on the amendment(s):
"The number of votes cast for the amendment(s) was/were suffici	ent for approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without action was not required.	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shar action was not required.	cholder action and shareholder
Dated DECEMBER 2, 2019	
Marcos Zumba de Fro	anca
Signature Marcos Zumba de Franca (Dec 3, 2019)	<del></del>
(By a director, president or other officer - if di	rectors or officers have not been
selected, by an incorporator – if in the hands of	of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)	
MARCOS ZUMBA DE FRANCA	
(Typed or printed name of	person signing)
Authorized Person	
(Title of person signing)	