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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Grosp One Real Gtate, Incomment number: P18000001768
DOCUMENT NUMBER: P18000001768
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ricurdo Caballero
Name of Contact Person Buggete Financial Group
CIAN ALA DYTH RI AOD
COCONUT Creek FL 33073
City/ State and Zip Code Ricado Caballon 1281 (a) amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Ricardo Caballero at 561, 419-4205
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 Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certified Copy (Certified Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation	
Group One Real" (3 tate, Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)	r./
P1800000176	J'
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amend its Articles of Incorporation:	dment(s) to
A. If amending name, enter the new name of the corporation:	
The	#1/*\1'
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevia "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain word "chartered," "professional association," or the abbreviation "P.A,"	tion
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	
	<u>-</u> 30
(Florida street address)	75 S.
in in a survey and the survey of the survey	کر: ح: 5
New Registered Office Address:, Florida	<u>=</u> 점류
(City) (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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	ne, una sami smn	m, or us an sauc.	
X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	<u>Şmith</u>	
Type of Action (Check One)	Title	Name	Address
1) Change	MBR	lviz Gonzalez del	Riejo 3896 NW AND CT Deffield Beach FC
Add			Deeffield Beach FC
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if neces	ssary). (Be specific)			
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f an amendment provides for : provisions for implementing the (if not applicable, indicate)	<u>he amendment if not co</u>	cation, or cancellation ontained in the amend	of issued shares, ment itself:	
-				
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The date of each amendment(s) adoption: $\frac{\partial}{\partial g} \frac{1}{\partial g} \frac{1}{\partial g}$, if other than the
Effective date if applicable: (no more than 9th days after amendment file date)
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 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)
☐ 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 3 19 19
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)
Riardo Caballero
(Typed or printed name of person signing)
(Typed or printed name of person signing)

(Title of person signing)