P1800000 4297

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(Ad	ldress)		
(Ad	ldress)		
(Cìt	ty/State/Zip/Phone	e #)	
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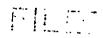
TO: Amendment Section ... Division of Corporations

NAME OF CORPORATION:	AWM REALEST	'ATE, PA 	
DOCUMENT NUMBER:	P18000004297		45
The enclosed Articles of Amend	<i>ment</i> and fee are su	bmitted for filing.	
Please return all correspondence	concerning this ma	tter to the following:	
	JOEL MARCUS		
		Name of Contact Persor	1
j	OEL MARCUS IN	C	
		Firm/ Company	
ϵ	576 WEST PROSPE	ECT ROAD	
-		Address	
F	T LAUDERDALE,	FL 33309	
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code	:
j	IMARCUSCPA@Y	AHOO COM	
. E-ma	iii address: (to be us	sed for future annual report	nouncation)
For further information concerni	ng this matter, pleas	se call:	
JOEL MAKEL	2.	ar (954	1 566 8513
Name of Contact	Person	Area Coa	de & Daytime Telephone Number
Enclosed is a check for the follo	wing amount made	payable to the Florida Depa	rtment of State:
	3.75 Filing Fee & clificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐852.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addr	<u>'ess</u>	Street	Address
Amendment Se		Amendment Section	
Division of Co			n of Corporations
P.O. Box 6327			Building
Tallahassee, F	1, 32314	2661 E	xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

AWM REALESTATE, PA



(Name of Corporation	on as currently filed with the Florida Deptagistate)
PIS	8000004297
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation;	Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the co	rporation:
ALLYSO	ON W. MASSEY, PA
	d "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable	
(Principal office address <u>MUST BE A STREET ADD</u>	ORESS)
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BO)</u>	Δ
13. 16	- Cab
D. If amending the registered agent and/or register new registered agent and/or the new registered of the n	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent	
·	(Florida street address)
Mark LOW Allend	m
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Regi	
1 nervny accept the appointment as registered agent. 1	I am familiar with and accept the obligations of the position.
Signa	ature 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.

Mike Jones, V as Remove Example:	e, and Sal	ly Smith, SV as an Add.	
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
i) Change		-	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	***		
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If an amendment provides for an exc	hange, reclassifica	tion, or cancellation	on of issued shares	i.
provisions for implementing the amo	hange, reclassificatendment if not con	tion, or cancellation	on of issued shares	ž.
If an amendment provides for an exc provisions for implementing the amo (if not applicable, indicate N/A)	hange, reclassificatendment if not con	tion, or cancellation the amer	on of issued shares idment itself:	<u>.</u>
provisions for implementing the amo	hange, reclassificatendment if not con	tion, or cancellation the amer	on of issued shares	<u>-</u> .
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provisions for implementing the amo	hange, reclassificate	tion, or cancellation the ame	on of issued shares idment itself:	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date <u>if applicable</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, thi document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendm by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement be separately provided for each voting group entitled to vote separately on the amendment(s):	lement
"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.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required.	г
1 22/2019 Dated	
Signature all - M - S	
(By a director, president or other officer – if directors or officers have not b selected, by an incorporator – it in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
ALLYSON MASSEY	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	