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2018 APR 23 PM 2: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN APR 2 4 2018

COVER LETTER

TO: Amendment Section Division of Corporations

IAME OF CORPORATION: ONE STOPREALTY OF FLORIDA TA
OCUMENT NUMBER: P18000019933
The enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
NICOLAS JE LA PARTE Name of Contact Person
RENT TO BOWN REACTY I'me
9010 SW 137 AVE # 203
Address
Miami, Fl. 33186 City/ State and Zip Code
City/ State and Zip Code
DECAPARTE. MIAMI. REACTOR @ GMAIC. COM E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Name of Contact Person Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
inclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Malling Address

Mailing Address

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

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

Articles of Amendment to Articles of Incorporation

FILED

2018 APR 23 PM 2: 21

SECRETARY OF STATE ALLAHASSEE, FEORIDA (Name of Corporation as currently filed with the Florida Dept. of ONBSTOPREALTY 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: 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) (City) 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	<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>	Name	<u>Addres</u> s			
1) Change						
Add						
Remove						
2) Change						
Add		,				
Remove						
3) Change						
Add						
Remove						
4) Change						
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Remove						
5) Change						
Add						
Remove						
6) Change						
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	sheets, if necessary).	(Be specific)			
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		hange, reclassific	ation, or cancellat	ion of issued shar	es.
ın a <u>mend</u> men	t <u>provides</u> for an exc		ntained in the ame	ndment itself:	
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	er than the
date this document was signed.	
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, this date will not be list document's effective date on the Department of State's records.	sted 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)	
☐ 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.	
my 4/12 land	
Dated_4/13/120/5/	
Signature Mille Manual Control	
a exector, 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)	
NICOLAS R. DELA PARTE	_
(Typed or printed name of person signing)	
PRES.	
(Title of person signing)	_