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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

R. WHITE OCT 25 2018

## COVER LETTER

TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: WATEROAKS MANAGEMENT INC DOCUMENT NUMBER: P18000023098 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: FABIANA CIOBATARU Name of Contact Person FGC CORPORATE ADVISORS LLC Firm/ Company 1395 BRICKELL AVENUE SUITE 900 Address MIAMI, FL 33131 City/ State and Zip Code FACIOBATARU@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: FABIANA CIOBATARU Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■ \$35 Filing Fee □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

WATEROAKS MANAGEMENT INC

FILED

(Name of Corporat	ion as currently filed wit	the Florida Dept. of Sta	CO THE PORT IS	AM II. 21
1218000023098			2010 001 10	нп 11 - Э
	ment Number of Corporation		SECRETARY	OF STATE
Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation:	la Statutes, this Florida Pr	ofit Corporation adopts the	e following amendinen	SEE FL
A. If amending name, enter the new name of the c	orporation:			
			Thenew_	
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered." "professional association," or the	o," "Inc." or "Co". A pi			
B. Enter new principal office address, if applicable	<u>e:</u>			
(Principal office address MUST BE A STREET AD	<u>DRESS</u> )			
		<del></del>	·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	133			
(Stating duares) SIAT BE A FOST OFFICE BO	<u></u>			
		<del> </del>	<del></del>	
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D. If amending the registered agent and/or registe		ida, enter the name of the	<u>r</u>	
new registered agent and/or the new registered	office address:			
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:		, Florida		
	(Ciţy)		(Ztp Code)	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		cept the obligations of the	position	
Sigi	nature of New Registered .	gent, 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:

<u>X</u> C	hange	<u>PT</u>	John Doe	
ΣR	emove	<u>v</u>	Mike Jones	
<u>x</u> ^	ıdd	<u>v2</u>	Sally Smith	
	of Action :k One)	<u> Title</u>	Name	Addiess
	Change	D	ROBERTO LAUFER	1395 BRICKELL AVENUE, 900
v				MIAMI, FL 33131
	Remove			
21	Change		_	
_	Add			
	Remove			
3)_	Change			
_	Add			
_	Remove			
4) _	Change			
_	Add			
	Remove			
5) <u> </u>	Change			
_	Add			
	Remove			
61 _	Change		_	
_	Add			
	Remove			

ttach <i>additio</i>	r adding additional Articles, enter change( mal sheets, if necessary). (Be specific)		
	<u> </u>		
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provisions (g	ent provides for an exchange, reclassificati r implementing the amendment if not conti plicable, indicate N/A)	ion, or cancellation of issued shares. ained in the amendment itself:	
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The date of each amendment(s) adoption:	, it other than the
date this document was signed.	
Effective date if applicable:	
(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 with 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 east 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 Selferter al, 2019	
Signature dok	
(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)	<del></del>
FABIANA CIOBATARU	
(Typed or printed name of person signing)	
REGISTER AGENT	
(Title of person signing)	