P18000035524

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Toward was a serious				
Special Instructions to Filing Officer:				





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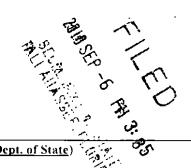
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	BLUE OAKS PRO	OPERTIES CORP	ı			
DOCUMENT NUMBER:	P18000035524	-				
The enclosed Articles of Amend	ment and fee are su	bmitted for filing.				
Please return all correspondence	concerning this ma	tter to the following	ng:			
		Elizabeth S	andoval			
		Name of Cont	act Person			
GLADES BUSI			ERVICES	LLC		
	Firm/ Company					
	1825 Main Street, suite # 8					
		Addre	'SS			
		Weston				
	City/ State and Zip Code					
		info@gladesbs.	com			
E-ma	il address: (to be u			notification)		
For further information concerni	ng this matter, pleas	se call:				
Elizabeth Sandoval		at (954	_) 648-1571		
Name of Contact Person			Area Coo	le & Daytime Telephone Number		
Enclosed is a check for the follo-	wing amount made	payable to the Flo	rida Depa	rtment of State:		
	3.75 Filing Fee & tificate of Status	□\$43.75 Filing Certified Cop (Additional co- enclosed)	рy	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Addr Amendment Se Division of Co P.O. Box 6327 Tallahassec, F	rporations		Amend Divisio Clifton	Address ment Section n of Corporations Building Recutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



BLUE OAKS PROPERTIES CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P18000035524

(Document Number of Corporation (if known)

nt(s) to

"Corp.," "Inc.," or Co.," or the designation	"Corp," "Inc," or "	The nev n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain th
word "chartered," "professional association,"		P.A." 1825 Main Street, suite #8
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		Weston, FL 33326
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		1825 Main Street, suite #8
		Weston, FL 33326
D. If amending the registered agent and/or	registered office addr	ess in Florida, enter the name of the
D. If amending the registered agent and/or new registered agent and/or the new reg	istered office address GLADES BUSIN	ESS SERVICES LLC
new registered agent and/or the new reg	istered office address GLADES BUSIN 1825 Main Street, su	ESS SERVICES LLC
new registered agent and/or the new reg Name of New Registered Agent	istered office address GLADES BUSIN	ESS SERVICES LLC tite #8 vet address)
	istered office address GLADES BUSIN 1825 Main Street, st (Florida str. Weston	ESS SERVICES LLC tite #8 ver address)

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> 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		N/A	
Add		•	
Remove			
2) Change			
Add			·
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			*****
5) Change		_	
Add			
Remove			
6) Change		_	
Add			
Remove			

E. Hamonding or adding additional Articles, oner change(s) here: (Attach additional sheets, if necessary). (Be specific)

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	V/1X
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Hosti mombinems, odt ni bonigmot fon H mombinems odt gnimenaliqui	ol sanisivosa
ent provides for an exchange, reclassification, or cancellation of issued shares,	M. <u>Han</u> gamendm
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	8/20/2018	
The date of each amendment(s) adoption: _ late this document was signed.	<u> </u>	, if other than the
Effective date if applicable:	1 00 1 C L Cl. L	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, of State's records.	this date will not be listed as the
Adoption of Amendment(s) (<u>C</u>	<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for the amen or approval.	dment(s)
	the shareholders through voting groups. The following ag group entitled to vote separately on the amendment	
	nendment(s) was/were sufficient for approval	
bv	voting group)	
(1)	voting group)	
	ne board of directors without shareholder action and sha	areholder
☐ The amendment(s) was/were adopted by the action was not required.	ne incorporators without shareholder action and shareho	older
8/20/2018 Dated		
(By a director, pr selected, by an ir	esident or other officer – if directors or officers have neorporator if in the hands of a receiver, trustee, or others by that fiduciary)	
	Pablo Morales By Blue Oaks Properties Corp	
	(Typed or printed name of person signing)	
	President of Blue Oaks Properties Corp	
	(Title of person signing)	