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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: CONSULTANTS	IMMOBILIER, INC.			
DOCUMENT NUM	BER: P18000036671				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	SEVERINE GIANESE-PIT	TMAN, ESQ.			
		Name of Contact Person	1		
	GIANESE-PITTMAN, P.A.				
		Firm/ Company			
	100 N. BISCAYNE BLVD.,	SUITE 3070			
		Address			
	MIAMI, FL 33132				
		City/ State and Zip Code	e		
SGI	ANESE@SGPITTMAN.COM	Л			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call: 305	722-5986		
Name of Contact Person		at (de & Daytime Telephone Number		
	or the following amount made		·		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

CONSULTANTS IMMOBILIER INC.

(Name of Corporation	as currently	filed with the Flor	ida Dept. of State	2)	
P18000036671				· · · ·	
(Documen	nt Number of C	Corporation (if knov	vn)		
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	tatutes, this F	lorida Profit Corpo	ration adopts the	following amer	idment(s) to
A. If amending name, enter the new name of the corp	oration:				
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc," or "C	o". A professionai			ution
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.)	<u>ESS</u>)			10 No. 10	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BON</u>)				DRIOA	9
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		ss in Florida, enter	the name of the		
Name of New Registered Agent					
	(Florida stree	t address)	·····		
New Registered Office Address:			, Florida		
New Register Ed Office, State Cas.	((Sity)	, 1 10(1011_	(Zip Code)	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	ım familiar wi	·		osition.	
Signate	are of New Res	gistered Agent, if cl	anging	_	

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 Doc		
X Remove	$\underline{\mathbf{V}}$	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	S	GARY PALANQUE	1 PLACE DU COSTA RICA	
Add X			PARIS, 75016 FR	
Remove				
2) Change	S	ANDREW COHEN	100 N. Biscayne Blvd.	
X Add			Suite 3070	
Remove			Miami, FL 33132	
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		 		
Add				
Remove			<u> </u>	
6) Change				
6) Change				
Add				
Remove				

	(Be specific)			
	-			-
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. <u></u>				
		<u>.</u>		
		<u> </u>		
	·		<u> </u>	
	<u> </u>			
	change reclassification	n or concellation of i	sened chares	
f an amendment provides for an exc	mange, recrussification	ed in the amendmen	nt itself:	
f an amendment provides for an exc	endment if not contair			
provisions for implementing the am	endment if not contain	team the amenance		
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provisions for implementing the am	endment if not contain			

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	14510040	
8/ Effective date if applicable:	15/2018	
<u></u>	(no more than 90 days after amendment file date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirement Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes cast for the ame sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	
"The number of votes co	ist for the amendment(s) was/were sufficient for approval	
by		
\	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and s	chareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and share	holder
8/15/20 Dated	018	
Signature		
(By sele	a director, president or other officer – if directors or officers have cted, by an incorporator – if in the hands of a receiver, trustee, or binted fiduciary by that fiduciary)	
	GARY PALANQUE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	