P18 0000 37603

(2)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000336319950

000336319950 11/04/19-0109-023 **35.00

19 NOV - L PH L: 48

DEC DECIMER

COVER LETTER

COVER LETTER
TO: Amendment Section Division of Corporations
NAME OF CORPORATION: East Point Realty Group Coip
DOCUMENT NUMBER: P18000037603
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gabriel Patrich Name of Contact Person
Firm/ Company
2471 Abaco Ave Address
Miami, FL 33133 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cabriel Patrich at (954) 608-9037 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

Foul Pain	1 2 00141	(- 0.X)	(-1)		1/2
C \(\alpha \) \((Name of Cor	poration as curre	Corp.	rida Dept. of State)	
_		poración as curse	nay mea wan the rio	Tida Dipiror Orace)	3
<u> 71800003</u>	1403	Danisa Nomba	r of Corporation (if kno		
	(Document Numbe	г от Согрогаціон (п. кис	WII)	
Pursuant to the provisions its Articles of Incorporation		Florida Statutes, th	nis <i>Florida Profit Cor</i> p	oration adopts the following	amendmer
A. If amending name, e	nter the new name of	the corporation:			
	NIA				The new
name must be distinguis "Corp.," "Inc.," or Co., word "chartered," "profe B. Enter new principal	" or the designation essional association,"	"Corp," "Inc," o or the abbreviatio	r "Co". A profession	"incorporated" or the abal corporation name must c	breviation ontain the
(Principal office address	MUST BE A STREE	TADDRESS)			
C. <u>Enter new mailing a</u> (Mailing address <u>MA</u>	address, if applicable I <i>Y BE A POST OFFI</i>		_ WA		
D. If amending the reginew registered agen	stered agent and/or t t and/or the new regi			er the name of the	
Name of New Ro	existered Agent		NIA		
<u></u> -			· ·		
		(Florida	n street address)		
Nov Popistored	Office Address:		Alu	, Florida	
HEN HERMIETER	Office Address.		(City)	(Zip C	Code)
New Registered Agent's I hereby accept the appo				obligations of the position.	
		Signature of Ne	nv 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	PT Je	ohn Doe	
X Remove	<u>v</u> <u>v</u>	<u>like Jones</u>	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
i) Change	P,V,T,C	Gabriel Patrich	333 Palm St #3
X Add			Hollywood, FL 33019
Remove			
2) Change		<u> </u>	
Add			
Remove			
3) Change		NIA	
Add			
Remove			
4) Change		NA	
Add			
Remove			
5) Change		Ala	
Add		'	
Remove			
6) Change		A \ A	
Add			
Remove			

E. If amending or adding addition (Attach additional sheets, if nec	nal Articles, enter essary). (Be speci	change(s) here: fic)			
N/J					
				<u></u>	
	· · ·				
					
		···			
			. <u>.</u>		
				<u>,</u>	
	<u></u>	<u> </u>	<u></u>		
					
			<u> </u>	<u> </u>	
If an amendment provides for	an evebange reek	assification or cal	ncallation of issued	thoras	
provisions for implementing (if not applicable, indicat	the amendment if i	not contained in t	he amendment itse	lf:	
N A	: IVA)				
N/A	·		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	<u> </u>				
			<u> </u>		
· · · <u>-</u>				· -	
		 .			
				<u> </u>	

The date of each amendment(s) adoption: 10/28/2019 date this document was signed.	, if other than the
Effective date if applicable: 10 28 2019 (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 w document's effective date on the Department of State's records.	ill 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 cast for the amendment(s) was/were sufficient for approval	
by	
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.	
Signature (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)	
Cabriel Patrich (Typed or printed name of person signing) Registered Agent.	
(Title of person signing)	