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JJL 2 4 2019

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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		1	$\overline{}$	<i>C</i>
NAME OF CORPORATION	on: <u>ICeller V</u>	<u>Villiams Your</u>	ng Professiona	als south
DOCUMENT NUMBER:	<u>P180000</u>	043653		i-kvida tric
The enclosed Articles of An	nendment and fee are su	bmitted for filing.		
Please return all correspond	ence concerning this ma	tter to the following:		
	Yara T Keller M	Name of Contact Person Miams Rea Firm/ Company		_
	3301 N	University Address	Dr Sutte 120	<u>)</u>
	CCYAL SP JAVA: 1 E-mail address: (to be us	City State and Zip Code ed for future annual report	·cm	
For further information conc	erning this matter, pleas	e call:		
Name of Con	Miati ntact Person		<u>296 – 969</u> de & Daytime Telephone Numb	<u> </u>
Enclosed is a check for the f	ollowing amount made p	payable to the Florida Depa	artment of State:	
\$35 Filing Fee D	□\$43.75 Filing Fee & Certificate of Status	☐\$43,75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
<u>Mailing A</u> Amendme Division o		Amend	Address Iment Section on of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

Keller Williams Young	Profession	als Sout	n Florida	e I
(Name of Corporation ds	currently filed with the	: Florida Dept. of St	<u>tate</u>)	
Y1800004365	<u>ろ</u>			
(Document N	fumber of Corporation (i	f known)		
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ites, this <i>Florida Profit</i> (Corporation adopts t	he following amend	ment(s) to
A. If amending name, enter the new name of the corpora	ition:			
			The n	ew
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre B. Enter new principal office address, if applicable:	nc," or "Co". A profes. viation "P.A."			
(Principal office address MUST BE A STREET ADDRESS	<u>S</u>)			
				-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				-
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		enter the name of t	<u>he</u>	-
Name of New Registered Agent	<u>-</u> 1			
	_			
(F	lorida street address)		-	
New Registered Office Address:		, Flori	da	_
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f	d Agent: familiar with and accept of New Registered Agent		TAL SE	TO TO

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 Do			
X Remove	V	Mike Jo	<u>ones</u>		
X Add	<u>SV</u>	Sally Si	<u>mith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address
1) Change	?	_	Saria	Finkelstei	_ '1
Add Remove					Plantation PC 3332
2) Change Add	<u>P</u>	<i>-</i>	Tara	Carter	3301 N University i
Remove 3) Change	VP) -	Alfrec	10 Pujol	COVAL SPINGS PL 3301 2000 NW 150111 A
Add Remove				·	Suite 1100 Pembroke Pines Pr
4) Change	<u>V</u> F	<i>)</i> -	Mate	Granic	11420 N Kenckill Dr. Svite 207
Remove					Miami, FL 33176
5) Change		_			
Add					
Remove					
6) Change					
Add					
Remove					

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	- 		
•				<u>-</u> .
-				
			•	
-				
f an amendment provides for an exch provisions for implementing the ame	<u>ange, reclassificatio</u> ndment if not conta	on, or cancellatio ined in the amen	<u>n of issued share</u> dment itself:	<u>S.</u>
(if not applicable, indicate N/A)				
				
·				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	, if other man the
Effective date if applicable: 1014 16 2018 (no more than 90 days after amendment file date)	
(no more than 90 days after amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	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"	
(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.	
1016 110 2018	
Dated 10 2013	
Signature	
(B) 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)	
appointed fiductary by that fiductary)	
Jara Domiati	 _
(Typed or printed name of person signing)	
Treasurer	<u> </u>
(Title of person signing)	