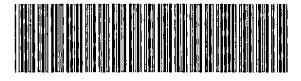
P18000078314

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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Real INVESTMENTS INC. DOCUMENT NUMBER: P1800078314
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
P. O. B. 470082
LAKE MONROE 32747- City/ State and Zip Code
E-mail address: (to be used for fixture annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (182) 410 · 7506 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$343.75 Filing Fee &
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

Redik Red This	at-mants	This			
(Name of Corporatio	n as currently filed with	the Florida Dept. of State)			
PIPM	mas14				
(Docume	ent Number of Corporation	ı (if known)			
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Proj	fit Corporation adopts the fo	ollowing an	nendme	nt(s)
A. If amending name, enter the new name of the cor	rporation:				
	M/V		The	e new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the a	" "Inc," or "Co". A pro		the abbre	eviation	ı
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>					
C. Enter new mailing address, if applicable:	//		<u> </u>	19	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>					
	 ,	· · · · · · · · · · · · · · · · · · ·		ردر <u>(5)</u>	- 1 1
			 -		;
D. If amending the registered agent and/or registere	ed office address in Flori	da, enter the name of the	- -	23	;
new registered agent and/or the new registered o	office address:		는 기- 1	6: 07	
Name of New Registered Agent HA				0.7	
	(Florida street address)				
	(1 to taa sireet aaaressy				
New Registered Office Address:	(City)	, Florida	(Zip Code		
	·		·		
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent.		ept the obligations of the po	sition.		
Ci	ture of New Registered Ag	cont if abovering			
อเซาน	ture of their neginierea ar	ст, и спинхиц			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 = Chi Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officeld. 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 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 John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	<u>Addres</u> s
1) Change	Pres Chita Welke	
Add		
Remove		
2) Change	Trumy Chita Walk	
Add		-
Remove	Socretiva (mita Welke)	
3) Change	Declar Of Mile Iverso	
Add Remove		
4) Change	Dactor Chita Welker	
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

	ng or adding additional Articles, enter change(s) here: ditional sheets, if necessary). (Be specific)	
		
·		
•		
		
	ndment provides for an exchange, reclassification, or cancellation of issued shares, as for implementing the amendment if not contained in the amendment itself:	
	ot upplicable, indicate N/A)	
	2 1 1 2	7
1	Auto Welker RELINGUES My Shares	to
Radi	To Dool tourseless All Tue Tuesding	My Lik
Beili	Ly Rec! Inventments Inc. Turning to Charles Fits	<u> </u>
O %_	to Charles titts	

The date of each amendment(s) adoption: 2 18 10 date this document was signed.	, if other than
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amenament fite 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 t
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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.	
Dated 2 1 4 1 9	
Signature Mita Wolker	
(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)	
(Typed or printed name of person signing)	
Prusident	
(Title of person signing)	