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## COVER LETTER .

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DEAN FLOYON WATERS REQUITY INC	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Dean Waters  Name of Contact Person	
Firm/ Company  27130 HOLLY DYOOK TYCUL  Address	
Wesley Chaper FL 33544 City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Matthew Morelli at (727) 348 6830  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:	
\$35 Filing Fee	
Mailing Address Street Address	

#### Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### **Articles of Amendment**

Articles of	Incorpo	ration
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If amending name, enter the new name of the corporation:    Corporation		Articles of Amend	nent	*	
(Name of Corporation as currently lited with line Floridaty Epicous Name of Corporation as currently lited with line Floridaty Epicous Name of Corporation (if known)  (Document Number of Corporation adopts the following amendmen Articles of Incorporation:  If amending name, enter the new name of the corporation:  PAYON USE SEA The new me must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation orp.," "Inc.," or Co." A professional corporation name must contain the rd "chartered," "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable: "incipal office address MUST BE A STREET ADDRESS )  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (City)  (Alp Code)  ew Registered Agent's Signature, if changing Registered Agent: with and accept the abligations of the position.		Articles of Incorpor	ation	2/3/10.	
If amending the registered agent and/or registered office address in Florida, enter the name of the new registered Agent:    Name of New Registered Agent   Signature, if changing Registered Agent:   Name of New Registered Agent   Signature, if changing Registered Agent:   Name of New Registered Agent   Signature, if changing Registered Agent:   New Registered Agent   Signature, if changing Registered Agent:   Name of the appointment as registered agent.   I am familiar with and accept the obligations of the position.	Dean Faro	o libters	Recuty I with the Florida Der	ot. of State)	24 3:00
If amending name, enter the new name of the corporation:    Consider the new name of the corporation   Company   Or "incorporated" or the abbreviation orp., "Inc.," or "Co". A professional corporation name must contain the word "corporation," "company." or "incorporated" or the abbreviation orp., "Inc.," or "Co". A professional corporation name must contain the red "chartered," professional association, or the abbreviation "P.A."    Enter new principal office address, if applicable:	P190000	122236			
The new me must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation forp, "Inc." or Co." or the designation "Corp." "Inc." or "Co." A professional corporation name must contain the d'chartered, "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable:  inicipal office address MUST BE A STREET ADDRESS )  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent (Florida street address)  New Registered Office Address:  (City) (Lip Code)  ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	rsuant to the provisions of section 607.1006, Flo Articles of Incorporation:	rida Statutes, this Florid	la Profit Corporation :	adopts the following ar	nendment(s
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)  ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	ime must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "C	word "corporation," " forp," "Inc," or "Co".	A professional corpo-	porated" or the abbre	eviation
If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:    Name of New Registered Agent	Enter new principal office address, if applica Principal office address MUST BE A STREET A	able: ADDRESS )			<del>.</del>
Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (City)	. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>				
(Florida street address)  New Registered Office Address:  (City)  (City)  (City)  ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	If amending the registered agent and/or reg new registered agent and/or the new registe	istered office address i red office address:	n Florida, enter the na	ame of the	
New Registered Office Address:  (City)  (Zip Code)  ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	Name of New Registered Agent				
(City) (Zip Code)  ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		(Florida street ac	ldress)		
(City) (Zip Code)  ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	New Registered Office Address:			, Florida	
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	New Negwierea Office Maaress.	(City	1	(Zip Coo	le)
Cincol Desire and Asset if shapping	New Registered Agent's Signature, if changing hereby accept the appointment as registered age	Registered Agent: ent. I am familiar with t	and accept the obligation	ons of the position.	
		CV. A. CM. D	and Arout if above		

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)

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = ChiefExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office

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 held. President, Treasurer, Director would be PTD. 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,

a change, Mike Jones lea Mike Jones, V as Remove	ves the co , and Sally	rporation y Smith, S	n, Satty Sman is named 1115 SV as an Add.	
Example: X Change	<u>PT</u>	John Da		
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally St	<u>mith</u>	<u>Addres</u> s
Type of Action (Check One)	Title		<u>Name</u>	
1) Change		<del></del>		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

(Attach additional sheets, if necessary). (Be specific)
Commo Article TIT
Remove: Ann and an Imper husiness
Kernove; Flay and all lawful business
Add: To provide real estate services an
anuthing related thereto
3
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	ll 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.	
Dated 10 - 31 - 19	
Signature Dean Command Double  (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)	
Dean Aaron Waters (Typed or printed name of person signing)	
President (Title of person signing)	