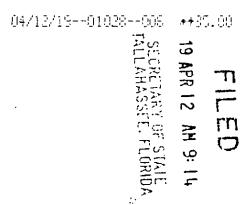
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Catalog Camp, Catalog
(Document Number)
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APR 22 2019
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATI	10N: <u>G10091</u>	Pyramid	Real Estate
DOCUMENT NUMBER:	:		
The enclosed Articles of Ai	mendment and fee are su	bmitted for filing.	
Please return all correspond	dence concerning this mat	ter to the following:	
2 2 4	ermaine lobal Pyro 719 Holly1 ally Wood, f	Name of Contact Person AMI A REAL Firm/ Company Address Address City/ State and Zip Code	Estate and Suite A-MII
For further information con		ed for future annual report	notification)
For further information con	cerning this matter, pleas	e can:	
Jetmoine VO Name of Co	Ong ontact Person	at (786 Area Coo	de & Daytime Telephone Number
Enclosed is a check for the	following amount made p	payable to the Florida Depa	rtment of State:
\$35 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	Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles	of	Incorporation

Clobal Promid Rea	x (-state
(Name of Corporation as currently	filed with the Florida Dept. of State)
P19-273	308
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
D. Dutan and mississis office address if applicables	7
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	35 2 ·
	77.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Maning marks Mill Districts of French Both)	9 7 9
	>
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Commonwealth Commonwea	OUT G
Name of New Registered Agent	
555 NW (Florida stre	189 ter Micim, Gardens A. 33169
New Registered Office Address:	Florida
	City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	\mathcal{D}^-	Jermaine Journa	2719 HollyWood
X_ Add		J	Bowlevard A-1711
Remove			Hally Wood Fl. 33020
2) Change			
Add			
Remove			7A.S. 19
3) Change			AP R
Add			
Remove			
4) Change			STAPE LORIDA
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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Attach additional sheets, if necessary). (Be specific)	
	
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	METARY AHASSE
	SS A
f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	``` اب∟ا
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	30. 41.5 5.
	ATE ATE 1 T
	
	
	.

The date of each amendment(s) ad date this document was signed.	loption:	4-5-2	919		if other th	an the
Effective date if applicable:	(no more	than 90 days after amen	dment file date)			
	(no more i	inun 20 uuys ajier umen	ament file date)			
Note: If the date inserted in this bl document's effective date on the Dep			ng requirements, th	is date will not	be listed	as the
Adoption of Amendment(s)	(CHECK ONE)				
☐ The amendment(s) was/were adop by the shareholders was/were suf		s. The number of votes	cast for the amendm	ient(s)		
☐ The amendment(s) was/were appropriately provided for a						
"The number of votes east f	for the amendment(s) w	as/were sufficient for ap	proval			
by				∓ ∪	19	
-	(voting group)					
☐ The amendment(s) was/were adoraction was not required.	pted by the board of dir	ectors without sharehold	der action and sharel	nolder 57 (5)	APR 12	
The amendment(s) was/were adopaction was not required.	pted by the incorporator	rs without shareholder a	ction and shareholde	ir FL0	er Si	EO
Dated 4 - F	5-2019)RIUA	ATE.	
Signature		11		·		
	rector, president or other	er officer - II directors of	r officers have not b	een		
selected	l, by an incorporator ና	f in the hands of a receive				
appoint	ed fiduciary by that fidu	iciary)				
	(Typed or pr	CAINC YOUNG	gning)			
-	Direc	Title of person signing				