P19000033680

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	CHAVEZ INVES	TMENT PROPERTIES CO	ORP
DOCUMENT NUMB	P10000033680		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	JOSE M CHAVEZ		
	_	Name of Contact Person	<u> </u>
	CHAVEZ INVESTMENT P		
•		Firm/ Company	· -
	206 NW 24 AVE REAR		
•		Address	
	MIAMI FL 33125		
•		City/ State and Zip Code	t
	E-mail address: (to be us	sed for future annual report	notification)
	2 110010007 (10 00 00	to the rate annual report	ikkiii Ça(kiii)
For further information	concerning this matter, pleas	se call:	
JOSE M CHAVEZ		, 786	7683206
Name o	f Contact Person	at ()de & Daytime Telephone Number
			,
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment 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)
Ame Divis P.O.	ing Address Indment Section It is in a section of Corporations Box 6327 In hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section of Corporations Building xecutive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation of

CHA	VE7	INV	TEST	ľME	NT	PRO) PI	יזיק:	ES	CO	RΡ
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(Name of Corporation as curre	ently filed with the Florida Dept.	of State)
P19000033680		
(Document Numbe	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation ado	pts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	r "Co". A professional corporati	ated" or the abbreviation
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable:	N/A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		<u> </u>
		32
T) If amonding the region and analysis of the second secon	dan a ta Dianta a sa as	e at
D. If amending the registered agent and/or registered office as new registered agent and/or the new registered office addr		of the
Name of New Registered Agent		
Nume of New Kegenerea Agent		
(Florida	street address)	
NIA		
New Registered Office Address:	F	Florida (Zip Code)
	,,,,	() (
New Registered Agent's Signature, if changing Registered Age		
I hereby accept the appointment as registered agent. I am familio	ar with and accept the obligations (of the position.
Signature of Nev	w 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	<u>PT</u>	John De	<u>oe</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	V		ELIADNE ACOSTA	206 NW 24 AVE REAR
X Add				MIAMI FL 33125
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
0				
6) Change		_		
Add				
Remove				

, much manneymen	sheets, if necessary).	(Be specific)			
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IF					
provisions for in	provides for an exc aplementing the am	nange, reclassing endment if not co	ation, or cancena ntained in the am	<u>HOD OF ISSUEG SNA</u> endment itself:	res,
(if not applic	able, indicate N/A)				
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<u> </u>					
					
		<u> </u>			
			<u> </u>		
			<u> </u>		
	 				

The date of each amendmendate this document was signed		, if other than the
-	 - 04/24/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this da he Department of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(ere sufficient for approval.	s)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	2nt
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholde	er
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
04/24 Dated	3/2019	
Signature _		
(1 so	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other courppointed fiduciary by that fiduciary)	τ
	JOSE M CHAVEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	