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COVER LETTER

TO: Amendment Section Division of Corporations

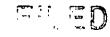
NAME OF CORPOR	RATION: SILVESTRE REA	AL ESTATE INVEMENT	FHREE, INC.		
DOCUMENT NUMI					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	itter to the following:			
	LEE D. GLASSMAN, ESQU	JIRE			
		Name of Contact Person	n		
	THE GLASSMAN LEGAL	GROUP			
		Firm/ Company			
	2200 NORTH COMMERCE PARKWAY, SUITE 105				
	Address				
	WESTON, FLORIDA 33326	;			
		City/ State and Zip Cod	e		
LEE@	@LEEGLASSMAN.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
LEE D. GLASSMAN		at (915-8800		
Name c	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
S35 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

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section Division of Corporations Clifton Building

Articles of Amendment to Articles of Incorporation of



SILVESTRE REAL ESTATE INVESTMENT THREE, INC.

2019 AUS 19 AM 8: 26

(Name of Corpora	tion as currently filed with the Florida Dept. of State)
P19000048391	
(Docu	ment Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Floritis Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the	corporation:
	Thenew
name must be distinguishable and contain the wa "Corp.," "Inc.," or Co.," or the designation "Cor word "chartered," "professional association," or th	ord "corporation," "company," or "incorporated" or the abbreviation pp," "Inc," or "Co". A professional corporation name must contain the eabbreviation "P.A."
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AE	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	OX)
<u> </u>	
	
D. If amounting the amount and the amount of the second and the se	and office address in Physids and the same of the
new registered agent and/or the new registered	ered office address in Florida, enter the name of the d office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Re	egistered Agent:
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.

Signature of New 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)

Remove

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 Doe X Remove V Mike Jones <u>X</u> Add <u>SV</u> Sally Smith <u>Address</u> Type of Action Title <u>Name</u> (Check One) MELISSA SILVESTRE 15757 Pines Boulevard 1) ____ Change Unit 151 Add Pembroke Pines, Florida 33027 ____ Remove 2) ____ Change __ Add ____Remove 3) ____ Change ____ Add Remove 4) ____ Change ____ Add ____ Remove 5) ____ Change ____ Add __ Remove 6) ____ Change Add

Attach additional sheets, if necessary).	(Be specific)		
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		<u> </u>	
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	.		
f an amendment provides for an exch	ange reclassification or can	cellation of issued shares	
provisions for implementing the ame	idment if not contained in the	e amendment itself:	
(if not applicable, indicate N/A)			
		•	
			-
			 .

The date of each amendment		, if other than the
date this document was signed Effective date <u>if applicable</u> :	06/28/2019	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date he Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	nt .
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/well action was not required.	re adopted by the incorporators without shareholder action and shareholder	
	/2019	
Dated		
Signature _		
St	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 court ppointed fiduciary by that fiduciary)	
	LUIS SILVESTRE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	