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COVER LETTER

COVERELIER
TO: Amendment Section Division of Corporations
NAME OF CORPORATION: MJ Realty Group, INC. DOCUMENT NUMBER: 1900054049 The enclosed Articles of Amendment and fee are submitted for filing.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
TONGING GAYCIG MT RESTRICTION Pompary Address Pompary Block, FL 33009 City/ State and Zip Code Santos & Mitaxel and Modern Company E-mail address: To be used for future annual report notification)
For further information concerning this matter, please call:
JOHANNA GARAIA at (501), 779.9423 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 Certificate of Status Certified Copy (Additional Copy is enclosed) \$35 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation

$\lambda A + 0 \wedge \alpha H \cdot I$	of		
<u> YII KRUTU</u>	CAYOUP,	INC:	- 30 1/2
(Name of Cor	poration as currently	filed with the Florida Dept.	of State)
<u> </u>	<u> </u>		777
(Document Number of (Corporation (if known)	Con.
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this F	<i>lorida Profit Corporation</i> ad	opts the following amendant
A. If amending name, enter the new name of	the corporation:		,
			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "C	o". A professional corpora	
B. <u>Enter new principal office address, if appl</u> (Principal office address <u>MUST BE A STREE</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC			
(Sturing unit Cos SIAT BE AT VOT WITH	12. B(7.17		
D. If amending the registered agent and/or r		ss in Florida, enter the nam	e of the
new registered agent and/or the new regis	tered office address:		
Name of New Registered Agent			
	(Florida stree	t address)	
New Registered Office Address:			Florida
	((lity)	(Zip Code)
New Registered Agent's Signature, if changin	ng Registered Agent:		
I hereby accept the appointment as registered a		th and accept the obligations	of the position.
	Signature of New Reg	gistered 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 Doc 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	$\underline{\mathbf{V}}$	Mike Jones	
X Add	\underline{sv}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) L Change	<u>_</u> P	Johanna Gallia	2754 West Atlant
Add			BIVA POMPANOBE
2) Change	<u>70</u>	German Pizarro	275-i West Atla BIVA POMPANO BEC
Add Remove 3) Change Add		Nathalia Bugas	FL 33069 2754 West Atlant Blvd. Pompano Be
Remove 4) Change			FI., 33000
Add			
5) Change Add			
Remove			
6) Change Add			
Remove			· · · · · · · · · · · · · · · · · · ·

Attach <i>ada</i>	g or adding additional Articles, enter change(s) here: itional sheets, if necessary).— (Be specific)
<u></u> -	
	
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f an amen	dment provides for an exchange, reclassification, or cancellation of issued shares,
provision (if no	s for implementing the amendment if not contained in the amendment itself: applicable, indicate N/A)

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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	
(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 Signature (By a director, president or other officer – if directors or officers have not been selected, by a) incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) (Typed or printed name of person signing)	or-den
(Title of person signing)	