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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations			
NAME OF CORPORATION: McGuira Roalty TNC DOCUMENT NUMBER: P1900063475			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Name of Contact Person McGuire Realty Troc. Firm/ Company 10123 SW Coral Tree Circle Address Rock ST Lucie FL 34987 City/ State and Zip Code Tancy & McGuire Agent.com E-mail address: (to be used for future amoual report notification)			
For further information concerning this matter, please call:			
AACY McGuire at (407) 694-1091 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:			
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment

to

Articles of Incorporation

of	
McGuize Realty I	2316 Have 20
(Name of Corporation as currently f	iled with the Florida Dept. of State) 20 P.1 1:07
P 19000063475	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	MA The new
name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	npany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N R
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	NA
	7 17
(Florida street	address)
New Registered Office Address:	Florida
(C	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
Signature of New Reg	istered 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. X Change \underline{PT} John Doe X Remove \underline{V} Mike Jones X Add SV Sally Smith Type of Action Title Name Address (Check One) 1) ____ Change ____ Add ____ Remove 2) ____ Change ____ Add ___ Remove 3) ____ Change ____ Add Remove 4) ____ Change ____ Add __ Remove 5) ____ Change ____ Add Remove

Page 2 of 4

Ĕ.	If amending	or adding	additional	Articles,	enter	change(s)	here:

(Attach additional sheets, if necessary). (Be specific)

6) ____ Change

____ Add

Remove

· · · · · · · · · · · · · · · · · · ·	
need change of offer	rive date
Meed change of effect From 5/16/17 to 1/1/	19
<u> </u>	
Also Add EIN Number	V
38-4130389	
	
430-	

F. If an amendment provides for an exchange, reclassification, or provisions for implementing the amendment if not contained	
(if not applicable, indicate N/A)	u iii tiic ainc <u>iigmen tiscii.</u>
Page 3 o	of 4
The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	lays after amendment file date)
(no more than 90 c	ays after amenament fue date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suff		The number of votes east for the amendment(s)
		s through voting groups. The following statement d to vote separately on the amendment(s):
"The number of votes cast for	or the amendment(s) was	s/were sufficient for approval
by		·"
	(voting group)	
☐ The amendment(s) was/were adop action was not required.	ted by the board of direc	ctors without shareholder action and shareholder
The amendment(s) was/were adopaction was not required.	ted by the incorporators	without shareholder action and shareholder
Dated	1,9	
Signature 🔾 😞	m (6)	m 2
selected,		officer – if directors or officers have not been in the hands of a receiver, trustee, or other court iary)
_	gancy m	nted name of person signing)
	(Typéd or prir	nted name of person signing)
_	Bresi, 20	N+
(C	litle of person signing)	•