## P190000 69280

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | ldress)            |           |
| (Ad                     | dress)             |           |
| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | siness Entity Nam  | ne)       |
| (Do                     | cument Number)     |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |
|                         | · <del></del>      |           |

Office Use Only



100334947811

10/08/19--01019--035 \*\*85.00

2019 OCT -8 PH 2: 48

OCT 2 8 2019

## COVER LETTER ,

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO           | ration: Juana d. Gutie  | ERREZ, P.A.  |  |
|-------------------------|---|--|--|
| DOCUMENT NUM            | P19000069280  |  |  |
| The enclosed Articles   | of Amendment and fee are su   | bmitted for filing.  |  |
| Please return all corre | spondence concerning this ma  | tter to the following:   |  |
|                         | JUANA D. GUTIERREZ  |  |  |
|                         |   | Name of Contact Person   | n  |
|                         | JUANA D. GUTIERREZ., P  | .A.  |  |
|                         |   | Firm/ Company  |  |
|                         | 2436 S.E. 19TH CT.  |  |  |
|                         |   | Address  |  |
|                         | HOMESTEAD, FL 33035   |  |  |
|                         |   | City/ State and Zip Cod  | e  |
| gutie                   | rrezjuana@live.com  |  |  |
|                         | E-mail address: (to be us   | sed for future annual report                                       | notification)  |
| For further informatio  | n concerning this matter, pleas   | se call: at (  | 510-4973   |
| Name                    | of Contact Person   |  | )<br>de & Daytime Telephone Number   |
|                         | r the following amount made p   |  | ·  |
| ■ \$35 Filing Fee       | □\$43.75 Filing Fee & Certificate of Status                               | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)       |
| Amo<br>Divi<br>P.O      | endment Section<br>ision of Corporations<br>Box 6327<br>ahassee, FL 32314 | Amend<br>Divisio<br>Clifton<br>2661 E                              | Address Iment Section on of Corporations Building Executive Center Circle Bassee, FL 32301 |

## Articles of Amendment to Articles of Incorporation of

JUANA D. GUTIERREZ, P.A.

| 2811 | 9 007 | _ 0 | 01: | ^   |
|------|-------|-----|-----|-----|
|      |       | ) / | Ų.  | 71, |

| (Name of Corporation as curren  | tly filed with the Florida Dept. of State)  |  |  |
|---|---|--|--|
| P19000069280  |   |  |  |
| (Document Number  | of Corporation (if known)   |  |  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:  | s Florida Profit Corporation adopts the following amendmen  |  |  |
| A. If amending name, enter the new name of the corporation:   |   |  |  |
| Fortune Real Estate, Inc.   | The new   |  |  |
| name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation | ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the |  |  |
| B. Enter new principal office address, if applicable:   | 2436 S.E. 19TH CT.  |  |  |
| (Principal office address MUST BE A STREET ADDRESS)   | HOMESTEAD, FL 33035   |  |  |
|   |   |  |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 2436 S.E. 19TH CT.  |  |  |
|   | HOMESTEAD, FL 33035   |  |  |
| D. If amending the registered agent and/or registered office ad-<br>new registered agent and/or the new registered office addre   |   |  |  |
| Name of New Registered Agent  |   |  |  |
| (Florida s  | rtreet address)   |  |  |
| New Revistered Office Address:  | , Florida   |  |  |
| Negastered Office Address.  | (City) (Zip Code)   |  |  |
|   |   |  |  |
| New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian  | nt: with and accept the obligations of the position.  |  |  |
| N N   | / <sub>A</sub>  |  |  |
| Signature of New  | Registered Ayent, if changing   |  |  |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nam 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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. The 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, V as Remove, and Sally Smith, SV as an Add.

| Example:                      |           |              |                 |
|-------------------------------|-----------|--------------|-----------------|
| X Change                      | <u>PT</u> | John Doe     |                 |
| X Remove                      | <u>V</u>  | Mike Jones   |                 |
| X Add                         | <u>SV</u> | Sally Smith  |                 |
| Type of Action<br>(Check One) | Title     | <u>Name</u>  | <u>Addres</u> s |
| 1) Change                     |           |              |                 |
| Add                           |           |              |                 |
| Remove                        |           |              |                 |
| 2) Change                     |           |              |                 |
| Add                           |           |              |                 |
| Remove                        |           |              |                 |
| 3 ) Change                    |           |              |                 |
| Adđ                           |           |              |                 |
| Remove                        |           |              |                 |
| 4) Change                     |           |              |                 |
| Add                           |           |              |                 |
| Remove                        |           |              |                 |
| Kenkive                       |           |              | <del></del>     |
| 5) Change                     |           | <del>-</del> |                 |
| Add                           |           |              | <u> </u>        |
| Remove                        |           |              |                 |
| 6) Change                     |           |              |                 |
| Add                           |           |              |                 |
| Remove                        |           |              |                 |

| attach <i>additional she</i>               | ig additional Ai          | . (Be spec               | cific)         |                |                      |          |             |
|--|---------------------------|--------------------------|----------------|----------------|----------------------|----------|-------------|
|  |                           |                          |                |                |                      |          |             |
|  |                           |                          |                |                | ···                  |          |             |
|  | <del></del> -             |                          |                |                |                      |          |             |
|  |                           |                          |                |                |                      |          |             |
|  | ·                         |                          |                |                |                      |          |             |
|  |                           |                          |                |                |                      |          |             |
|  |                           |                          |                |                |                      |          |             |
|  |                           | ,                        | V              |                |                      |          |             |
| ·  |                           | $\overline{\overline{}}$ | 1              |                |                      | •        | ·           |
|  |                           | +                        |                |                |                      |          |             |
|  |                           | · -                      |                |                |                      |          |             |
|  |                           |                          |                |                |                      | ·        |             |
|  |                           |                          |                |                |                      |          |             |
|  | •                         |                          |                |                |                      | -        |             |
|  |                           |                          | "              |                |                      |          |             |
|  |                           | <del></del>              |                |                |                      |          |             |
|  | ·                         |                          |                |                |                      |          | <del></del> |
|  |                           |                          |                |                |                      |          |             |
| an amendment pro                           | o <u>v</u> ides for an ex | change, rec              | lassification, | or cancellatio | n of issued sl       | hares,   |             |
| orovisions for imple<br>(if not applicable | ementing the an           | nendment if              | not containe   | d in the amen  | <u>dment itself:</u> | <u>.</u> |             |
| ()   | ,,                        |                          |                |                |                      |          |             |
|  |                           | j                        | <del></del>    |                |                      |          |             |
| <u> </u>                                   |                           | 10                       |                |                | <u> </u>             |          |             |
|  |                           | <u> </u>                 |                |                |                      |          |             |
|  | 10                        | _                        |                |                |                      |          |             |
|  |                           | •                        |                |                |                      |          |             |
|  |                           |                          | _              |                |                      |          |             |
| <u> </u>                                   |                           |                          |                |                |                      |          |             |
|  |                           |                          |                |                |                      |          |             |

| ٠ |  |
|---|--|
|   | The date of each amendment(s) adoption: 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 not be listed document's effective date on the Department of State's records.  |
|   | Adoption of Amendment(s) (CHECK ONE)   |
|   | ■ 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 9/30/2019  |
|   | Signature \here \lambda \l |
|   | (By a director, president or other officer - if directors or officers have not been  |
|   | selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)   |
|   | JUANA D. GUTIERREZ   |
|   |  |
|   | (Typed or printed name of person signing)  |
|   | President  |
|   | (Title of person signing)  |