PIACCCCSSLFF

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

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Waterstone (102145 11)C.
DOCUMENT NUMBER: <u>\$1900088677</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Claudia INGNOS Name of Contact Person WHEVSTONE CLOSINGS INC Firm/ Company 1124 Kane Concouse
Address Pay Harbor Islands To 33159 City/ State and Zip Code Claudia @ Closings. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Claudia Hopos at 305 Sol-8000 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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

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Articles of Incorporation

of

Waterstone Closings Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P19000088677	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the foits Articles of Incorporation:	llowing amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbi "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must "chartered." "professional association," or the abbreviation "P.A."	reviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	70007
(Mailing address MAY BE A POST OFFICE BOX)	
	29
	PH
	<u>:</u>
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	55
new registered agent and/or the new registered office address:	
Name of New Registered Agent PICHArd Waserstein	
1124 Kane concourse	
(Florida street address)	20154
New Registered Office Address: Pay Havrov Slavo, Florida	33137
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the pos	ition.
Why White	
Signature of New Registered Agent, if changing	_

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	Erika schlacter	1124 kane conjune
Add Remove			Bay Harbor Islands, FC 33154
2) Change	P	- Richard Waserste	IN 1124 Kant Concuss
X Add			Buy Haray Islands, FC
Remove 3) Change			33154
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Times duminima siecis, y necessary.	icles, enter change(s) here: (Be specific)
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

٠.

The date of each amendment(s) ad date this document was signed.	option:, if other than the
Effective date <u>if applicab</u> le:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as illoariment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
Dated KO (2	21/2070
selected	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diduction by that fiductory)
-	(Typed or printed name of person signing)
-	(Title of person signing)