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(Requestor's Name)
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(Document Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: Holly Freyre, P.A		
	MBER: P20000029910		
	les of Amendment and fee are su	bmitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
	Holly Freyre		
		Name of Contact Persor	1
	Holly Freyre, P.A.		
		Firm/ Company	
	4510 SW 74th Street	cum compun;	
		Address	
	Miami, FL 33143		
		City/ State and Zip Code	e
	hollyfreyre@gmail.com		
	. ,	sed for future annual report	notification)
	tion concerning this matter, pleas		
Holly Freyre		at (984-4848)
Nan	ne of 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	S43.75 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 Tallahassee, Fl. 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, Fl. 32303

Articles of Amendment to Articles of Incorporation of

Holly Freyre, P.A.

Check if applicable

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

(Name of Corporation	on as currently filed with the Florida Dept. of State)		
P20000029910			
(Docum	nent Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida Profit Corporation</i> adopts the following	g amer	ndment(s) to
A. If amending name, enter the new name of the co	orporation:		
Freyre Realty, Inc.		The	new
	orporation," "company," or "incorporated" or the abbreviatio " or "Co". A professional corporation name must contain eviation "P.A."	n "Co	rp"
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			
		2020 1	534
		Y K	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	(X)	_	
		AH	/ /
		9:	*, <i>J</i>
		9	13
D. If amending the registered agent and/or register new registered agent and/or the new registered of the new			
Name of New Registered Agent			
Hame of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	Florida		
	(Cuy) (Zip C	ode)	
New Registered Agent's Signature, if changing Reg	sistered Agent		
	I am familiar with and accept the obligations of the position.		
Signe	ature 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)

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)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			4
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change		_	<u> </u>
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate iNA)	Attach addition	adding additional Art al sheets, if necessary).	(Be specific)				
provisions for implementing the amendment if not contained in the amendment itself:							
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(if not applicable, indicate N/A)	f an amendm	nt provides for an excl	nange, reclassific	ation, or cancella	ition of issued sh	nares,	
	(if not an	<u>implementing the ame</u> licable_indicate N/4)	<u>inament it not co</u>	ntained in the ar	<u>nenament itseit:</u>		
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The date of each amendmen		, if other than the
date this document was signed Effective date if applicable:	June 1, 2020	
	(no more than 90 days after amendment file do	ite)
	this block does not meet the applicable statutory filing requirem he Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shar	reholder action and shareholder
	re adopted by the shareholders. The number of votes cast for the ere sufficient for approval.	amendment(s)
	re approved by the shareholders through voting groups. The followed for each voting group entitled to vote separately on the amendate	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
	27, 2020	
Dated	11 00	
Signature _	Wally Fronking	
	y a director, president or other officer – if directors or officers ha	ve not been
Si	elected, by an incorporator - if in the hands of a receiver, trustee, or	
a	pointed fiduciary by that fiduciary)	
	Holly Freyre	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	