P20 0000044092

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A. RAMSEY DEC 0 9 2021

COVER LETTER

TO: Amendment Section Division of Corporations						
NAME OF CORPO	RATION: PBO INC					
DOCUMENT NUMBER: P20000044092						
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	itter to the following:				
	Gustavo Arganaraz					
		Name of Contact Person	1			
	Real Dreams USA					
	Firm/ Company					
	850 NE 3Rd Street Suite 107A					
	Address					
	Dania Beach / Florida / 33004					
		City/ State and Zip Code	2			
	shophone1@gmail.com					
	E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:						
Gustavo Arganaraz		at (<u>786</u>	4201297			
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	□\$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)			

Street Address
Amendment Section

Division of Corporations

The Centre of Tallahassee

Mailing Address
Amendment Section

P.O. Box 6327

Division of Corporations

Articles of Amendment to Articles of Incorporation of

FILED

2021 NOV 16 AM 11: 16

PBO INC	2021 NOV 16 AMII: 16			
(<u>Name</u> P20000044092	e of Corporation as currently filed with the Florida Dept. of State)			
	(Document Number of	f Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this a	Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new n	ame of the corporation:			
		Thenew		
	Corp," "Inc," or "Co". A	company," or "incorporated" or the abbreviation "Corp.," Uprofessional corporation name must contain the word		
B. Enter new principal office address,	if applicable:	15751 SHERIDAN STREET SUITE 209		
(Principal office address MUST BE A S		SOUTHWEST RANCHES, FL 33331		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		15751 SHERIDAN STREET SUITE 209		
		SOUTHWEST RANCHES, FL 33331		
D. If amending the registered agent an new registered agent and/or the ne				
Name of New Registered Agent REAL DREAMS		C		
	850 NE 3RD STREET 107	Α		
	(Florida street address)			
New Registered Office Address:	DANIA BEACH	, Florida		
	((City) (Zip Code)		
New Registered Agent's Signature, if c		ith and accept the obligations of the position.		
	p- H	Just C		
	Signature of New Re	aktered Juent if changing		

Check if applicable

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

_ Remove

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 PΤ John Doe X Remove $\underline{\mathbf{V}}$ Mike Jones <u>X</u> Add SV Sally Smith Type of Action Title Address Name (Check One) 1) ____ Change ____ Add ____ Remove 2) ____ Change ____ Add ___ Remove 3) ____ Change Add Remove 4) ____ Change Add____ Remove 5) ____ Change ____ Add ____ Remove 6) ____ Change ____ Add

If amending or (Attach addition	adding additional A al sheets, if necessary	rticles, enter char). (Be specific)	i <u>ge(s) here</u> :			
/A	ar saccis, y accessury	j. (Be specific)				
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		-				
		. <u> </u>				
1						
If an amendme	nt provides for an ex	change, reclassifi	cation, or cancell	ation of issued sh	iares,	
(if not ann	implementing the ar licable, indicate N/A)	nendment if not co	ontained in the a	mendment itself:		
(y 7707 app.	Tourne, Diane are 19717					
			-			
·						
						
						
						

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirement epartment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes east for the amufficient for approval.	endment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendmen	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
November Dated	12, 2021	
selecte	irector, president or other officer – if directors or officers have a d, by an incorporator – if in the hands of a receiver, trustee, or otted fiduciary by that fiduciary)	
	ORUE, GASTON I	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	