P21000007474

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COVER LETTER

TO: Amendment Sec Division of Corp			y
NAME OF CORPO	RATION: Orlando Custom R	ealty Inc	
- DOCUMENT NUM			
•	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Vincent Loglisci		
		Name of Contact Perso	n
	Orlando Custom Realty Inc.		
		Firm/ Company	
	16690 Cavallo Drive		
		Address	
	Montverde, FL 34756		
		City/ State and Zip Cod	e
	vincel@arhomes.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, plea	se call:	
Vincent Loglisci		at (⁷⁷²	9133119
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O	iling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Division The C 2415 1	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

Orlando Custom Realty Inc. (Name of Corporation as currently filed with the Florida Dept. 8/5/14/293 SECRETARY OF STATE (Document Number of Corporation (if known) PIASSEE, E) P21000007474 Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: 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 abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (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 position. 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.
Parameter.

<u>X</u> 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>	<u>Addres</u> s
I) Change	MGR	James F Murrin	16690 Cavallo Drive
X Add			Montverde FL 34756
Remove			· · · · · · · · · · · · · · · · · · ·
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

recis,	if necessary).	les, enter change(s) here: (Be specific)	
			· · · · ·
		 	·
<u> </u>			
			······································
 fan amendment provid	les for an excha	nge, reclassification, or cancellation of issued shares,	
provisions for impleme	nting the amend	iment if not contained in the amendment itself:	
(if not applicable, in	dicate N/A)		
	 		

	February, 10th 2021	, if other than the
The date of each amendment(s)	adoption:	, ii other than the
date this document was signed.	•	
	bruary 10th 2021	
Effective date if applicable:		<u></u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date we Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action a	nd shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	;
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	"	1
	(voting group)	
C)	13 2021	
February Dated	12 2021	
Dated		
1	2/12/2021	,
Signature		
(By a	director, president or other officer - if directors or officers have not been	1
	ted, by an incorporator – if in the hands of a receiver, trustee, or other court	
арро	inted fiduciary by that fiduciary)	
	Vincent J Loglisci	
	(Typed or printed name of person signing)	<u> </u>
	VP	
	(Title of person signing)	