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Office Use Only



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AUG 3 : 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: METS GLOBAL F	REALTY INC.		
DOCUMENT NUM	BER: P21000055581			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	SARAH MEI			
		Name of Contact Person	1	
	MEI'S GLOBAL REALTY INC			
	Firm/ Company			
	2533 BARWICK STREET			
		Address		
	ORLANDO, FL 32824			
		City/ State and Zip Code	e	
	sarahh807@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:	970-6448	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	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)	
	iling Address		Address	
	nendment Section vision of Corporations		ment Section in of Corporations	
	D. Box 6327	The C	entre of Tallahassee	
Tal	lahassee, FL 32314	2415 }	N. Monroe Street, Suite 810	

Tallahassee, FL 32303

COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	RATION: MEI'S GLOBAL I	REALTY INC.		
DOCUMENT NUM	P21000055581	·		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	itter to the following:		
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	Name of Contact Person			
	MEPS GLOBAL REALTY INC Firm/ Company			
	2533 BARWICK STREET			
	Address			
	ORLANDO, FL 32824			
	- -	City/ State and Zip Code	e	
	sarahh807@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatic	on concerning this matter, plea	se call: at (⁴⁰⁷	970-6448	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
S35 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)	
	iling Address endment Section		Address Iment Section	
Division of Corporations		Division of Corporations		
P.O., Pox 6327		The C	entre of Tallahassee	
Tal	lahassee, FL 32314		N. Monroe Street, Suite 810 ssee, FL 32303	

Articles of Amendment to Articles of Incorporation of

· · · · · · · · · · · · · · · · · · ·
otly filed with the Florida Dept. of State)
of Corporation (if known)
is Florida Profit Corporation adopts the following amendment(s)
The new
"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word ""
C1069 F. GOLONIAL DR
CORLANDO, FL 32817
N/A
dress in Florida, enter the name of the
285:
street address)
street address)

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)

Example:

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

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	N/A		
Add			
Reinove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
_, Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
	······································
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
'A	
·	

.

	N/A	
The date of each amendment(s) ad	loption:, if other	than the
date this document was signed.		
N/A		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be list partment of State's records.	ed as the
Adoption of Amendment(s)	(CHECK ONE)	
∃ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action and shareholde	: r
[] The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): for the amendment(s) was/were sufficient for approval	
<i>u</i> j	(voting group)	
Dated	× S, 24 202/	
Signature	mus	
(By a di	rector, president or other officer – if directors or officers have not been if, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	SARAH MEI	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)