## P21000103081

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2022 JAN 21 AM 10: 0
SECRETARY OF STAT

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EMANSLAND ROAL ESTATE GROUP CORP.						
DOCUMENT NUMBER: PZ100010381						
The enclosed Articles of Amendment and fee are submitted for filling.						
Please return all correspondence concerning this matter to the following:						
EMANURE D'MARE						
Name of Contact Person						
EMANS CAN ROLLESPATE CROUP CORP Firm/ Company  413 NE VAN LOON CANE UNIT 111  Address  CAPE CORN ROLLA 33909  City/ State and Zip Code						
Firm/ Company						
413 NE VAN LOON CANE UNIT !!						
Address						
CARCOLA FORIDA 33909						
City/ State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
TINA MARIE ANASTASIO at (239) 398-6167  Name of Contact Person Area Code & Daytime Telephone Number						
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						
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

## Articles of Amendment

## to Articles of Incorporation

	of	rileu
Emanstano REALESTA		2027 JAN 2   AM 10: 03
_	rrently filed with the Florida	Dept. of State)
P21000103681		SECRETARY OF STATE
(Document Nun	nber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this <i>Florida Profit Corporatio</i>	on adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:	
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	o". A professional corporation "P.A."	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		name of the
Name of New Registered Agent		
(Flor	ida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A l hereby accept the appointment as registered agent. I am fam	Agent: niliar with and accept the obliga	tions of the position.
Signature of N	New Registered Agent, if changi	ng
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: <u>X</u> Change	<u>PT</u>	John D	<u>)00</u>	
X Remove	<u>V</u>	Mike J	lones	
X Add	SV	Sally S	<u>Smith</u>	
Type of Action	<u>Title</u>		Name	<u>Addres</u> s
(Check One)  1) Change	P	_	EMANUELE D'IMARE	CAPE COLAR, TE 33909
Add				CAPE GARL, IL SS 101
Remove 2) Change	D		LUCY WHITZOCK	522 SW SIST TER
Add  Remove Change	<u>V</u>	<del>_</del>	TINA MARIE AMASTASIO	CAPE CORAL FL 33914  UB NE VAN WORLD UNIT 11  CAPE COLOR FL 33709
X Add				
Remove 4) Change				
Add				
Remove				
5) Change Add				
Remove			. •	
6) Change	<del></del> .	<del></del>		
Add				
Remove				

	icles, enter change (Be specific)				
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The date of each amendment(s) adoption date this document was signed.	n: 14JAN 2022	, if other than the
Effective date if applicable:	(no more than 90 days after amendment f	Tile date)
Note: If the date inserted in this block of document's effective date on the Departm	does not meet the applicable statutory filing requent of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted laction was not required.	by the incorporators, or board of directors withou	it shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast fo nt for approval.	or the amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each	I by the shareholders through voting groups. The voting group entitled to vote separately on the an	e following statement mendment(s):
"The number of votes cast for th	e amendment(s) was/were sufficient for approval	l
by	(voting group)	·"
selected, by	or, president or other officer – if directors or officer an incorporator – if in the hands of a receiver, truduciary by that fiduciary)  Tima Way is Anastasia  (Typed or printed name of person signing)	ustee, or other court

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