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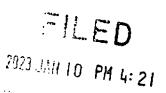
COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CORPO	RATION: COZZA REALTY	GROUP, INC			
DOCUMENT NUM	D11000041210				
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	Natalie Ferreira				
	Name of Contact Person				
	Cozza Realty Group, Inc.				
	Firm/ Company				
	13379 McGregor Blvd #2				
		Address			
	Fort Myers, FL 33919				
		City/ State and Zip Code	2		
	natalie@cozzarealtygroup.co	ın			
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatic Natalie Ferreira	on concerning this matter, plea	se call:at (603-3809		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artiment of State:		
S35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment to Articles of Incorporation of



COZZA REALTY GROUP, INC

	thy filed with the Florida Dept. of State) The YOF STAT
22000042320	SOLL, FL
(Document Number	of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendmen
. If amending name, enter the new name of the corporation:	
	The _new
ime must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co", chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Stating address MAT BE A FOST OF FICE BOX)	
. If amending the registered agent and/or registered office add	dress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida s	treet address)
(Florida s	

Check if applicable

 \square 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: 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)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change	þ	Bradley E. Cozza	13379 McGregor Blvd #2
X Add		_	Fort Myers, FL 33919
Remove			
2) Change	_	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
/ Add			
Remove			

	icets, if necessary).	(Be specific)				
-				.		
					-	
		<u> </u>				
						
				-		
	-					
					<u> </u>	
f an amendment p	provides for an exc	hange, reclassifica	tion, or cancellation	on of issued shar	es,	
provisions for imp	plementing the amo	hange, reclassifica endment if not con	tion, or cancellation tained in the ame	on of issued shar ndment itself:	es,	
provisions for imp	provides for an exc plementing the ame ble, indicate N/A)	hange, reclassifica endment if not con	tion, or cancellation tained in the ame	on of issued shar ndment itself:	es,	
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provisions for imp	plementing the amo	hange, reclassifica endment if not con	tion, or cancellati	on of issued shar	<u>es.</u>	

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The date of each amendment(s) adoption	on:		, if other than the
date this document was signed.			
Effective date <u>if applicable</u> :	=-		
	(no more than 90 days aft	er amendment file date)	
Note: If the date inserted in this block document's effective date on the Departm		atory filing requirements, this	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
■ The amendment(s) was/were adopted by action was not required.	by the incorporators, or board of c	lirectors without shareholder a	action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient		of votes east for the amendme	ent(s)
The amendment(s) was/were approved must be separately provided for each			tement
"The number of votes cast for the	e amendment(s) was/were sufficie	ent for approval	
by		 :	; (~)
	(voting group)		
selected, by a appointed rid	r, president or other officer – if did in incorporator – if in the hands o uciary by that fiduciary) ey E. Cozza (Typed or printed name of p	fa receiver, trustee, or other c	
Presid	lent		

(Title of person signing)