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2022 NOV -8 AM 10: 51 SECRETARY OF STATE

Name Changl

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION.   | Maria Pace Rea                         | l Estate Advisor P.A.  |  |   |
|--|--|--|--|---|
| DOCUMENT NUMBER:   | P22000063146                           | <u></u>  |  |   |
| The enclosed Articles of Amend                                 | <i>lment</i> and fee are su            | bmitted for filing.  |  |   |
| Please return all correspondence                               | concerning this ma                     | tter to the following:   |  |   |
|  | Maria Ramos                            |  |  |   |
|  |  | Name of Contact Person   | on   |   |
| <del></del>  |  | Firm/ Company  |  |   |
|  | 555 NE 56 St                           |  |  |   |
|  |  | Address  |  |   |
|  | Miami, FL 33137                        |  |  | 20<br>SE  |
| <del></del>  |  | City/ State and Zip Co   | de   | 22 N  |
|  | majicode09@gma                         |  |  | OV -  |
| E-ma   | ail address: (to be us                 | sed for future annual repo                                       | rt notification)   | - AS - <b>8</b>   |
| For further information concerns                               | ing this matter, pleas                 | se call:   |  | 2022 NOV -8 AM 10: 51 SECRETARY OF STATE FALLIAHASSEE, FL |
| Maria Ramos  |  | at (305  | 519-7940   |   |
| Name of Contact  | Person                                 | Area C   | ode & Daytime Telephone ?  | Number  |
| Enclosed is a check for the follo                              | wing amount made                       | payable to the Florida De  | partment of State:   |   |
|  | 3.75 Filing Fee & ortificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |   |
| Mailing Addr<br>Amendment S<br>Division of Co<br>P.O. Box 6327 | ection<br>orporations                  | Amer<br>Divis  | t Address  Independent Section  Identify the section of Corporations  Centre of Tallahassee        |   |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation ٩f

Check if applicable

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

| Maria Pace Real Estate Advisor P.A.  | _                            |                          |                |
|--|------------------------------|--------------------------|----------------|
| (Name of Corporation as current  | ly filed with the Florida D  | ept. of State)           |                |
| P22000063146   |                              |                          |                |
| (Document Number o   | of Corporation (if known)    |                          |                |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:  | Florida Profit Corporation   | adopts the following ame | endment(s) to  |
| A. If amending name, enter the new name of the corporation:  |                              |                          |                |
| Maria E Ramos Real Estate Advisor P.A.   |                              | The                      | new            |
| name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". z "chartered," "professional association," or the abbreviation "P.A." | A professional corporation   |                          | orp.,"<br>word |
| B. Enter new principal office address, if applicable:<br>(Principal office address <u>MUST BE A STREET ADDRESS</u> )   | SAME                         | TARY C                   |                |
|  |                              | 10: 51                   |                |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | SAME                         |                          |                |
| D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address   |                              | name of the              |                |
| Name of New Registered Agent SAME  |                              |                          |                |
|  |                              |                          |                |
| (Florida str   | reet address)                |                          |                |
| New Registered Office Address:   | (City)                       | , Florida(Zip Code)      |                |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar t  |                              | ions of the position.    |                |
|  |                              |                          |                |
| Signature of New R   | Registered Agent, if changin | g                        |                |
|  |                              |                          |                |

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.

| X Change                      | <u>PT</u>                | John Doe    |             |
|-------------------------------|--------------------------|-------------|-------------|
| X Remove                      | $\underline{\mathbf{V}}$ | Mike Jones  |             |
| X Add                         | <u>sv</u>                | Sally Smith |             |
| Type of Action<br>(Check One) | <u>Title</u>             | <u>Name</u> | Address     |
| 1) Change                     |                          | N/A         |             |
| Add                           |                          |             |             |
| Remove                        |                          |             |             |
| 2) Change                     |                          |             |             |
| Add                           |                          |             |             |
| Remove 3 ) Change             |                          |             |             |
| Add                           |                          |             |             |
| Remove                        |                          |             |             |
| 4) Change                     |                          |             |             |
| Add                           |                          |             |             |
| Remove                        |                          |             |             |
| 5) Change                     |                          |             | <del></del> |
| Add                           |                          |             |             |
| Remove                        |                          |             |             |
| 6) Change                     |                          |             |             |
| Add                           |                          |             | <u></u>     |
| Remove                        |                          |             |             |

| If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A) |  |
|--|--|
| provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)   |  |
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| (if not applicable, indicate N/A)  |  |
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| The date of each amendment(s) adoption: date this document was signed.                   | 11/04/2022   | , if other than                            |
|--|--|--|
| Effective date if applicable:  |  |  |
| Elicelive date in applicable.  | (no more than 90 days after amendment f  | île date)                                  |
| Note: If the date inserted in this block doe document's effective date on the Department | es not meet the applicable statutory filing requit of State's records.                         | airements, this date will not be listed as |
| Adoption of Amendment(s)   | CHECK ONE)   |  |
| X The amendment(s) was/were adopted by action was not required.                          | the incorporators, or board of directors without   | t shareholder action and shareholder       |
| ☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient f         | the shareholders. The number of votes cast for approval.                                       | r the amendment(s)                         |
|  | y the shareholders through voting groups. The ting group entitled to vote separately on the am |  |
| "The number of votes cast for the a  | mendment(s) was/were sufficient for approval   |  |
| by   |  | **   |
| (  | (voting group)   |  |
| Dated 11/04/2022 Signature   | 2  |  |
| (By a director, p  | resident or other officer - if directors or office   |  |
|  | incorporator – if in the hands of a receiver, trus iary by that fiduciary)                     | stee, or other court                       |
| <u>M</u>   | Maria Ramos  |  |
|  | (Typed or printed name of person signing)  | <del></del>                                |
| <u>P</u> I   | RESIDENT/OWNER   |  |
|  | (Title of person signing)  |  |

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