P22000070495

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Name Change

DEC 21 2022 D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: North Brooklyn Kealty Mant Inc
DOCUMENT NUMBER: P22000070495
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person North Brookly & Realty Mgnf Firm/ Company 1400 DLD Contry Rd - 403 N Address Westbury NY 10022 City/ State and Zip Code Au(Lowe-Cose) ALANROSENCPAL@YHOO.COM-
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (215) P13-9747 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 \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation	À	r	tic	les	of	Inc	orp	ora	tioı
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Nact Rock	Real & Mant	<i>L</i> nc
(Name of Corporation as cur	rrently filed with the Florida Dept. of State	<u>e</u>)
P220000	704 -	
	ber of Corporation (if known)	
	Alia Canada da C	S-11
rsuant to the provisions of section 607.1006, Florida Statutes. Articles of Incorporation:	, this <i>Fioriaa Frojii Corporation</i> adopts the	tonowing amendmeni(s)
If amending name, enter the new name of the corporation	on:	
AS-BJM Rea	Ity Co.	The new
me must be distinguishable and contain the word "corporation nc.," or Co.," or the designation "Corp," "Inc," or "Co hartered," "professional association," or the abbreviation "	o". A professional corporation name mus	
Enter new principal office address, if applicable:		
rincipal office address <u>MUST BE A STREET ADDRESS</u>)	a Mt	
	(in the second	
		
Enter new mailing address, if applicable:		~.
(Mailing address MAY BE A POST OFFICE BOX)	(a)	
	ノ	
		, (-)
		1 1
If amending the registered agent and/or registered office	e address in Florida, enter the name of the	
new registered agent and/or the new registered office ad	dress:	<u></u> -
Name of New Registered Agent		
	_	· · · · ·
(Flori	ida street address)	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	, Florida	
	(City)	(Zip Code)
w Registered Agent's Signature, if changing Registered A ereby accept the appointment as registered agent. I am fam		nvition
eren, uccept the appointment as registered agent. I am jum		osmon.
	Same	
	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 or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
****	1
	N
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
to a second	

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 Doc			
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>		Address	
1) Change					
Add					
Remove		\wedge			
2) Change			\		
Add					
Remove 3) Change				···	
Add					
Remove		/ \			·- ·- ·-
4) Change		_(`-\`			
Add				<u></u>	
Remove					
5) Change		_ /			
Add		/			
Remove					
6) Change					
Add					
Remove					

 The data of oac	th amendment(s) adoption: $9-14-2022$	if other than the
date this docume		, ii ouici man me
Effective date <u>i</u> t	f applicable:	
_	(no more than 90 days after amendment file date)	
	te inserted in this block does not meet the applicable statutory filing requirements, this date will rective date on the Department of State's records.	ot be listed as the
Adoption of An	mendment(s) (CHECK ONE)	
The amendm action was no	nent(s) was/were adopted by the incorporators, or board of directors without shareholder action and since the control of the c	hareholder
	nent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) holders was/were sufficient for approval.	
	nent(s) was/were approved by the shareholders through voting groups. The following statement arately provided for each voting group entitled to vote separately on the amendment(s):	
"The ni	umber of votes cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
	Dated 9-14-22	
	Signature (By a director president or other officer – if directors or officers have not been	
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	-
	appointed fiduciary by that fiduciary)	
	Janes Matte	
	(Typed or printed name of person signing)	
	- Fres	
	(Title of person signing)	.