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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corpor	rations	*	₩ steps	er.
NAME OF CORPORA	ATION: FLORI	PA 3040	CORP	
DOCUMENT NUMBI	er: <u>P23000</u>	23197		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	itter to the following:		
	LORENA	FELDMAN, ES	P -	_
_	_	Name of Contact Person	on	-
_	FELDMAN LE	Firm/ Company	<u>es.</u>	
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		Address	7	•
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	LORENA 2	FELDMONLEG	alservices.	چ س. بع
~	E-mail address: (to be u.	sed for future annual repor	rt notification)	EC:
For further information	concerning this matter, plea	se call:		11.A.
Lorema Fe	LAMAN	at (786	2 BB - 56 9 ode & Daytime Telephone Nun	SECRETAKY OF STATE SECRETALLALIASSEE, FL
Name of	Contact Person	Area C	ode & Daytime Telephone Nun	iber F. F. O.
Enclosed is a check for	the following amount made	payable to the Florida Dej	partment of State:	LIE 7
M			□a-a-a-a-w	
\$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ng Address dment Section		t Address adment Section	
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Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment Articles of Incorporation

FLORIDA 3040 CORP

(Name of Corporation as currently filed with the Florida Dept. of State)
P23000023197

(Document Number of Corporation (if known)

name must be distinguishable and contain the word "corporation." "company." or "incorporated" or the abbreviation "Corp" "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A." 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) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address)		the corporation:
Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the work chartered, "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address)		The new
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If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent		
If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent		
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	new registered agent and/or the new regist	
New Registered Office Address: (City) (City) (City) (City) (City) (City)	new registered agent and/or the new regist	
(City) (Zip Zoda) 1 A S C C TO	new registered agent and/or the new regist	(Florida street address)
	new registered agent and/or the new regist Name of New Registered Agent	(Florida street address) (Florida street address) (Florida street address)
والمناز المناز ا	new registered agent and/or the new regist Name of New Registered Agent	(Florida street address) (Florida street address) (Florida street address)
ew Registered Agent's Signature, if changing Registered Agent:	new registered agent and/or the new regist Name of New Registered Agent	(Florida street address) (Florida street address) (Florida street address)
ereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position: \supseteq	new registered agent and/or the new regist Name of New Registered Agent New Registered Office Address:	(Florida street address) (Florida street address) Florida (City) (City)

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: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	FRE MEMNT LLC	1970 W. PixiE my
Add Remove			#1111. Mimi, FL 33180
2) Change Add	P	MANAGEMENUT INVEST	VIAIC II
Remove 3) Change			Miami, Fc. 33180.
Add Remove 4) Change			2073 MAY -8 PH SECRETARY O TALLAHASSI
Add Remove 5) Change			PH 4: 07 YOUSTATE
Add			
6) Change			
Add			

The date of each amendment(s) ad	option:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :		<u></u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without shareholder	action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes cast for the amendaticient for approval.	nent(s)
	roved by the shareholders through voting groups. The following standard voting group entitled to vote separately on the amendment(s):	
"The number of votes cast t	or the amendment(s) was/were sufficient for approval	
bv		
	(voting group)	
selected	ector, president of other officer – if directors or officers have not be by an incorporator – if in the hands of a receiver, trustee, or other diffiduciary by that fiduciary)	een court
	LORENA FELDMAN	202 SE
-	(Typed or printed name of person signing)	PIDZI MAN SECRE
	AUTHORIZED PERSON	TAF
-	(Title of person signing)	Y -8 PH 4: 07 TARY OF STATE ANASSEE, FL