P23000041097

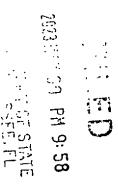
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	i: <u></u>	NATIONAL RE	ALTY SPA	ACE COAST INC
	3000041097			
The enclosed Articles of Amer	dment and fee are sul	bmitted for filin	g.	
Please return all correspondent	ce concerning this ma	tter to the follow	ving:	
GARY	PETE HARRIS			
		Name of Cor	ntact Person	1
FLORII	OA INTERNATIONA	AL REALTY SP	ACE COA	ST, INC
		Firm/ Co	mpany	
5206 ST	TATION WAY			
 		Addı	ress	
SARAS	ОТА			
		City/ State ar	nd Zip Code	
ADMIN	l@fLigusa.com			
	mail address: (to be us	sed for future an	nual report	notification)
For further information concer	ning this matter, pleas		941	914-4330
Name of Conta	ct Person	at (_	Area Co	de & Daytime Telephone Number
Enclosed is a check for the fol		payable to the F		•
•	\$43.75 Filing Fee & Certificate of Status	S43.75 Fili Certified Co (Additional enclosed)	ору	□\$52.50 Filing Fec Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Mailing Ad</u> Amendment			Address Iment Section	
Division of	Division of Corporations			
P.O. Box 63		The Centre of Tallahassee		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FLORIDA INTERNTAIONAL REALTY SPACE COAST INC

(Name o	f Corporation as currently	filed with the Florida D	ept. of State)
P23000041097			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new na	me of the corporation:		
FLORIDA INTERNATIONAL REALTY	SERVICES INC		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co". A		d" or the abbreviation "Corp.,"
P. Entaumou mainainal affice adduses	(f 1: b)	N/A	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			P5 0
			52.0
			- 第1 里
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C		N/A	6. E. E. E.
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5
D. If amending the registered agent and new registered agent and/or the new			name of the
Name of New Registered Agent	N/A		
	N/A		
	(Florida stre	ret address)	
New Registered Office Address:	N/A		, Florida
New Registered Office Address.		(City)	, Florida(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe			ions of the position
The second secon		una uccepi ine omigan	ons of the position.
	Signature of New Re	egistered Agent, if changing	g
Check if applicable			
☐ The amendment(s) is/are being filed pu	irsuant 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)

Example:

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>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change	•		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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lf an ame	<u>endment p</u>	rovides for an	exchange, recla	issification, or c	ancellation of i	ssued shares,	
provisio (if n	ot applicati	<u>piementing the</u> ble, indicate N	amendment if	not contained in	tne amenome	ni itseit:	
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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form for filing Articles of Amendment to amend the articles of incorporation of a Florida Profit Corporation pursuant to section 607.1006, Florida Statutes. This is a basic amendment form and may not satisfy all statutory requirements for amending.

A corporation can amend or add as many articles as necessary in one amendment.

- > The original incorporators cannot be amended.
- If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at www.sunbiz.org. You are responsible for any name infringement that may result from your corporate name selection.
- > If amending the registered agent, the new agent must sign accepting the appointment and state that he/she is familiar with the obligations of the position.
- > If amending/adding officers/directors, list titles and addresses for each officer/director.
- > If amending from a general corporation to a professional corporation, the purpose (specific nature of business) must be amended or added if not contained in the articles of incorporation.

If a section is not being amended, enter N/A or Not Applicable. The document must be typed or printed and must be legible.

Pursuant to section 607.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

Filing Fee \$35.00 (Includes a letter of acknowledgment)

Certified Copy (optional) \$8.75

Certificate of Status (optional) \$8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

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

For further information you may call the Amendment Section at (850) 245-6050

CR2E011 (1/20)

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amen sufficient for approval.	dment(s)
	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment(
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
5/25/202. Dated	OI A H	
selec	director, president or other officer – if directors or officers have no ted, by an incorporator – if in the hands of a receiver, trustee, or other	
арро	inted fiduciary by that fiduciary)	
	GARY PETE HARRIS	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	