

P23 0000 445-41

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

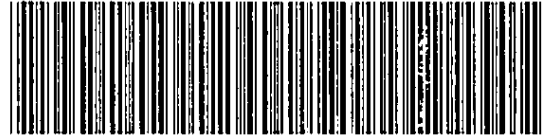
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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TALLAHASSEE, FL
OFFICE OF STATE

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TALLAHASSEE, FLORIDA

PROCESS 151



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2023

FLORIDA RESEARCH & FILING SERVICES

SUBJECT: U.K. INVESTMENTS REAL ESTATE INC
Ref. Number: P23000044541

We have received your document for U.K. INVESTMENTS REAL ESTATE INC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you have filled out is for an LLC, however, your entity is a corporation. Please provide the correct form and fees.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS
Regulatory Specialist III

Letter Number: 123A00020858

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TALLAHASSEE, FLORIDA

* RESUBMITTING
w/ CORRECTIONS
PLEASE RETAIN
ORIGINAL SUBMISSION
DATE
2023 SEP 13 PM 2:28
RECEIVED
TALLAHASSEE, FLORIDA

55.00
43.75

11.25 CREDIT

FLORIDA RESEARCH & FILING SERVICES, INC.

4044 LONGLEAF CT

TALLAHASSEE, FL 32310

PH: 850-524-4381

PLEASE FILE THE ATTACHED AMENDMENT FOR:

U.K. INVESTMENTS REAL ESTATE INC.

PLEASE RETURN A CERTIFIED COPY

THANK YOU

CHECK# 9707 FOR: \$55.00

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2023 SEP 11 AM 11:48
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: U.K. INVESTMENTS REAL ESTATE INC

DOCUMENT NUMBER: P23000044541

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS A. ESPINOSA
Name of Contact Person

Firm/ Company

175 SW 7TH STREET, SUITE 1817
Address

MIAMI, FLORIDA 33130
City/ State and Zip Code

cco@espigaholdings.com
E-mail address: (to be used for future annual report notification)

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 OFFICE OF THE CLERK
 TALLAHASSEE, FL

For further information concerning this matter, please call:

CARLOS A ESPINOSA at (786) 531-4727
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 & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

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
of

U.K. INVESTMENTS REAL ESTATE INC

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

P23000044541

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N.A.

The new 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)

N.A.

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N.A.

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

N.A.

(Florida street 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 with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

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

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STATE OF FLORIDA
SECRETARY OF STATE
FILED

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:

Change PT John Doe
 Remove V Mike Jones
 Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PRESID</u>	<u>CARLOS A ESPINOSA</u>	<u>175 SW 7TH STREET SUITE 1817</u> <u>MIAMI, FLORIDA. 33130</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>MANAC</u>	<u>CARLOS A ESPINOSA</u>	<u>175 SW 7TH STREET SUITE 1817</u> <u>MIAMI, FLORIDA. 33139</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

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 STATE OF FLORIDA
 TALLAHASSEE, FL

FILED

SEPTEMBER 11, 2023

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____"
(voting group)

Dated SEPTEMBER 11, 2023

Signature

(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)

CARLOS A ESPINOSA

(Typed or printed name of person signing)
MANAGER, NOW PRESIDENT

(Title of person signing)

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Division of Corporations

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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
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