P2300059200

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	: #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: DAREUS REALT	Y PA				
DOCUMENT NUM	1BER: P23000059200					
	es of Amendment and fee are su	bmitted for filing.				
Please return all corr	respondence concerning this ma	tter to the following:				
	KEN SINCLAIR					
		Name of Contact Persor	1			
	KMS FINANCIAL CONSULTING					
	·	Firm/ Company				
	8219 W ATLANTIC BLVD	•				
		Address				
	CORAL SPRINGS, FL 330	71				
		City/ State and Zip Code	e			
	KEN@KMSFINANCIALCE	PA COM				
	•	sed for future annual report	notification)			
For further informati	ion concerning this matter, plea	se call: 954	768-6620			
Name	e of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address			Address			
	mendment Section	Amendment Section				
	vision of Corporations	Division of Corporations The Centre of Tallahassee				
	O. Box 6327 dlahassee, FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

DAREUS REALTY PA			<u>.</u> , _ <u>;</u> _	,
(Name of Corporati	ion as currently fi	led with the Florida D	ept. of State)	
P23000059200				
(Docur	ment Number of Co	orporation (if known)	-	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this <i>Flo</i>	rida Profit Corporation	adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the c	orporation:			
EDLOUNE DAREUS PA				The new
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	," or "Co". A p	pany," or "incorporate rofessional corporation	d" or the abbreviati name must conta	on "Corp"
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>OX</u>) -			
D. If amending the registered agent and/or registered new registered agent and/or the new registered		in Florida, enter the	name of the	
Name of New Registered Agent				_
	(Florida street	address)		_
New Registered Office Address:			, Florida	_ .
	(Ci	ty)	(Zip	Code)
New Registered Agent's Signature, if changing Rest hereby accept the appointment as registered agent.	gistered Agent: I am familiar with	n and accept the obligat	ions of the position.	
Sign	nature of New Regi	stered Agent, if changin	<u> </u>	_

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)

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 Do	<u>ee</u>	
X Remove	Y	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach ad	i <mark>ng or adding ad</mark> Iditional sheets, ij	lditional Arti f necessary).	<u>cles, enter ch</u> (Be specific,	ange(s) here	:			
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f un ama	endment provide	ac for an avel	anna raclace	ification or	cancellation	of issued s	hares	
provisio	ns for implemen	iting the ame	ndment if no	t contained i	n the amend	lment itself	f:	
(if no	ot applicable, inc	dicate N/A)					_	
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	AUGUST 22, 2023	, if other than the
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable:</u>		
The state of the s	(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.	adopted by the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes cast for the amen sufficient for approval.	adment(s)
☐ The amendment(s) was/were a must he separately provided j	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment(statement (s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	·*	
,	(voting group)	
AUGUS	T 22, 2023	
Dated		
Signature		
(By a selec	director, president or other officer – if directors or officers have no eted, by an incorporator – if in the hands of a receiver, trustee, or oth sinted fiduciary by that fiduciary)	
	EDLOUNE DAREUS	
	(Typed or printed name of person signing)	
	PRESIDENT	_
	(Title of person signing)	