P24000051909

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SECRETARY OF STATE

2024 AUG 28 PH 12: 55



Tallahassee, FL 32314

TO: Amendment Section

COVER LETTER

Division of Corporations NAME OF CORPORATION: FAM Residential Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ian Sanders Name of Contact Person FAM Residential Inc. Firm/ Company 47 NE 36th St, 2nd Floor Address Miami, FL 33137 City/ State and Zip Code isanders@fifteengroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 501-5747

Area Code & Daytime Telephone Number Dan Bell Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee ■ \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FAM Residential Inc.	
(Name of Corporation as	s currently filed with the Florida Dept. of State)
P24000051909	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
N/A	The new
name must be distinguishable and contain the word "corpor". Inc., " or Co.," or the designation "Corp," "Inc." or "chartered," "professional association." or the abbreviati	ration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word ion "P.A."
	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	SS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A 25 28
	75° C =
	PM 12: 55
D. If amending the registered agent and/or registered of	office address in Florida, enter the name of the
new registered agent and/or the new registered offic	ce address:
Name of New Registered Agent N/A	
	(Florida street address)
New Registered Office Address:	, Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent: a familiar with and accept the obligations of the position.
Thereby accept the appointment as registered ogenic 1 am	January van and accept the congress of the passes
Signature	e of 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 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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	William Garrett	4030 Henderson Blvd #307
X Add			Tampa, FL 33629
Remove			
2) Change			SECRET
Add			
Remove Change			
Add			IEE FL
Remove			- M
4) Change			
Add			
Remove			
5) Change	<u> </u>		
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)	
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	THE O
provisions for implementing the amendment if not contained in the amendment itself:	•
(if not applicable, indicate N/A)	
'A	
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	•
	

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	N/A	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
N/A		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
☐ The amendment(s) was/were approvided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	rt
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	>
09/27/202		PRI AUG 28 PH 12: 55 SECRETARY OF STATE SECRETARY O
08/22/2024 Dated		二年 6 温
Bared	=Signed by:	25 28 1
	ul first all	专型 1
Signature	John Variet Bell	—— %o ≇ ∵
(By ն d	recton president or other officer - if directors or officers have not been	西下 R
	f, by an incorporator – if in the hands of a receiver, trustee, or other court	E SI
appoin	ed fiduciary by that fiduciary)	72 0
	Dan Bell	, W
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	