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## COVER LETTER

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TO: Amendment Sect Division of Corpo			:	SECRETARY OF STATES
NAME OF CORPOR	RATION: American Prime R	ealty, Inc.		25° 10° 10° 10° 10° 10° 10° 10° 10° 10° 10
DOCUMENT NUMI				The F
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	ter to the following:		
	Mayda Gomez			
		Name of Contact Person		
	6100 Blue Lagoon Dr., Suite	Firm/ Company		
	With Pine Engoln 171, Cane	Address		
	Miami, FL 33126			
		City/ State and Zip Code	2	
jmen	endez@americanprime.com E-mail address: (to be us	ed for future annual report	notification)	
For further information	n concerning this matter, pleas	e call:		
Jose Menendez		305	267-9660	
Name (	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	oayable to the Florida Depa	rtment of State:	
S35 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)	
Ame Divi P.O.	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle issec, FL 32301	

## Articles of Amendment to Articles of Incorporation of

Article	s of Amendment
	of Incorporation of state   Control of State   Cont
Articles	of Incorporation
American Prime Realty, Inc.	37.0
( <u>Name of Corporation as cu</u>	rrently filed with the Florida Dept. of State
Pa9000089431	The second secon
(Document Nun	nber of Corporation (if known)
	Br.
Pursuant to the provisions of section 607,1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendments) to
A. If amending name, enter the new name of the corporation	<u>on:</u>
	The new
name must be distinguishable and contain the word "corp "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." word "chartered," "professional association," or the abbrevia	oration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ation "P.A."
B. Enter new principal office address, if applicable:	6100 Blue Lagoon Drive, Suite 410
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33126
	Main, 11, 55120
C. Enter new mailing address, if applicable:	6100 Blue Lagoon Drive, Suite 410
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	Miami, FL 33126
D. If amending the registered agent and/or registered offic	e address in Florida, enter the name of the
new registered agent and/or the new registered office ac	ddress:
Name of New Registered Agent	
6100 Blue Lagoon I	Orive Suite 410
	rida street address)
<u>New Registered Office Address:</u> Miami	Florida 33126 (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent – I am fan	nthar with and accept the obligations of the position.
Signature of	New Registered Agent, if changing

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: <u>X</u> Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PRES	Mayda J Gomez	5775 Blue Lagoon Drive, Suite
Add X Remove			350, Miami, FL 33126
2) Change	PRES	Mayda J Gomez	6100 Blue Lagoon Drive, Suite
X Add			410, Miami, FL 33126
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N A)	Attach additional sheets, if necessary).	icles, enter change(s) here:  (Be specific)
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The date of each amendment(s) adopti	on:	, if other than the
date this document was signed.		
Effective date if applicable:	r 13, 2018	
Enective date it appreasie.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departr	does not meet the applicable statutory filing requirements, this ement of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes east for the amendment for approval.	1(5)
	d by the shareholders through voting groups. The following states a voting group entitled to vote separately on the amendment(s):	nent
"The number of votes east for the	ne amendment(s) was/were sufficient for approval	
by	<i>;</i> •	
	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
December 13, 2	018	
Dated		
Signature	Herry	
(By a direct) selected by	of, president of other officer – if directors or officers have not bee an incorporator – if in the hands of a receiver, trustee, or other conductary by that fiduciary)	
May	rda J Gomez	
	(Typed or printed name of person signing)	<del></del>
Pres	sident	
	(Title of person signing)	