P97000073585

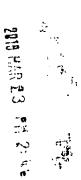
(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPOR	ATION: DORAL REALTY	CORP		
DOCUMENT NUMB	P97000073585			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	NATALIA HERNANDEZ			
-		Name of Contact Person	1	
	CMP INTERNATIONAL CONSULTANTS INC			
-		Firm/ Company		
	10570 NW 27TH ST SUITE 103			
-	Address			
	DORAL, FL 33172			
•		City/ State and Zip Code	e	
INFO	@DORALREALTYCORP.C	СОМ		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
NATALIA HERNAN	DEZ	786 at (503-5080	
Name of Contact Person		Area Co	de & 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	□\$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 Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

DORAL REALTY CORP

Articles of Amendment
to
Articles of Incorporation
of

P97000073585	(Document Number	of Corporation (if known)	
	(Document Number)	or Corporation (if Known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	me of the corporation:		
N/A		The new	
	ation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		10570 NW 27TH ST SUITE 101	
		DORAL, FL 33172	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10570 NW 27TH ST SUITE 101	
		DORAL, FL 33172	
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent	MIGDALIA M PEREZ-		
the state of the s	10570 NW 27TH ST SU	ITE 101	
	(Florida s	treet address)	
New Registered Office Address:	DORAL	, Florida 33172	
	***	(City) (Zip Code)	
New Registered Agent's Signature, if c	hanaina Registered Agen	t•	
		with and accept the obligations of the position.	
The coy accept the appointment as regist		2.	

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: X Change	<u>PT</u>	John Doe	
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	PT	MIGDALIA M PEREZ-TAPANES	10570 NW 27TH ST SUITE 101
X Add			DORAL, FL 33172
Remove			
2) Change	PT	GUSTAVO A GIL	10570 NW 27TH ST SUITE 101
Add			DORAL, FL 33172
X Remove			
3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove		,	
6) Change			
Add			
Remove			

•	(Be specific)			

	.			
				· · · · · ·
n amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassificendment if not co	cation, or cancell entained in the ar	ation of issued sh nendment itself:	ares,

The date of each amendment(s) a	doption:	, 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 document's effective date on the D	block does not meet the applicable statutory filing requirements, the partment of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendrufficient for approval.	nent(s)
	proved by the shareholders through voting groups. The following streach voting group entitled to vote separately on the amendment(s)	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and share	holder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and sharehold	ler
03/15/201 Dated Signature	1 te 2 10-	
	irector, president or other officer – if directors or officers have not ed, by an incorporator – if in the hands of a receiver, trustee, or othe	
	ed, by an incorporator – It in the hands of a receiver, trustee, or other need fiduciary by that fiduciary)	Court
	GUSTAVO A GIL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	