## P91000093484

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## **COVER LETTER**

The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy-(Additional copy is (Additional Copy enclosed)

## **Mailing Address**

TO: Amendment Section

Division of Corporations

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

is enclosed)

	orporation  Calty Ive filed with the Florida Dept. of State
Articles of Articl	nendment
Articles of Inco	orporation TO W
Of of	
Mational Moperties Y	sealty, Inc.
(Name of Corporation as currently	y filed with the Florida Dept. of State)
1914000093484	
(Document Number of	`Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this $I$ its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation ".	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	39101 Hardie Avenue
(Principal office address MUST BE A STREET ADDRESS)	Mialli Florida
•	22122
	20172
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Sama as above
D. If amending the registered agent and/or registered office addr	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent ROXANO	1 5019NO
3901 Ha	irdie Avenue
(Florida stre	
New Registered Office Address:	, Florida 33 \ 33
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	of the and accept the obligations of the position.
· · · · · · · · · · · · · · · · · · ·	, · · · · · · · · · · · · · · · · · · ·

Page 1 of 4

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.

X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
_X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	PD	Jonathan W. Fernanda	8390 sw. 72 AV Scite 427 91:a41,F133143
2) Change	<u>PD</u>	Roxana Solano	3901 Hardie AX Mia41, Fl. 33133
Remove 3) Change Add			
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

tach additional sheets, if necessary).	(Be specific)			
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n amendment provides for an exchi ovisions for implementing the amer	ange, reclassificatio	n, or cancellation	n of issued share	<u>s,</u>
(if not applicable, indicate N/A)	ament if not contai	med in the amend	ment usen.	
·····				
•	<del></del>	<del></del>		
				<b>.</b>

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 w document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated June 30, 2016	
Signature Du All	
(By a director, president or other officer —If directors or officers have not been	<del></del>
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Jonathan W. Fernandez	<del></del>
(Typed or printed name of person signing)	
P/D	
(Title of person signing)	