(Re	equestor's Name)	
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(Ad	ldress)	
(Cit	ty/State/Zip/Phone	∌ #)
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COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: The P	Drickell Really Group			
DOCUMENT NUMBER: 29800065436				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Jovena Name	of Contact Person			
The Brickel	irm/Company Group			
825 Brie	Kell Bay On. # 1.849. Address			
Micmi Fl. 33131 City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person	at (305) 374-4377 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address	Street Address			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to

Aı	rticles of Incorporatio	n
7. 5	of	6
(Name of Corporation as curren		
P9800065		, .
	per of Corporation (if known	wn)
rsuant to the provisions of section 607.1006, nendment(s) to its Articles of Incorporation:	Florida Statutes, this FI	orida Profit Corporation adopts the following
If amending name, enter the new name of t	the corporation:	
International Asset	Realty	Group Inc. The new
me must be distinguishable and contain th breviation "Corp.," "Inc.," or Co.," or the a me must contain the word "chartered," "profe	lesignation "Corp," "Inc	," or "Co". A professional corporation
Enter new principal office address, if application of the second of the		
· B · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	
	· · · · ·	
If amending the registered agent and/or re-		n Florida, enter the name of the
new registered agent and/or the new register	ered office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street a	ddress)
_		, Florida
	(City)	(Zip Code)
w Registered Agent's Signature, if changing	Registered Agent:	
nereby accept the appointment as registered ago	ent. I am familiar with a	na 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
		-	☐ Add☐ Remove
(attach a	ding or adding additional Articles, entaid additional sheets, if necessary). (Be specified)	er change(s) nere:	
<u>provisi</u>	mendment provides for an exchange, not applicable, indicate N/A)		

The date of each amendment(s	s) adoption: 1D D 4 1 1D
· · · · · · · · · · · · · · · · · · ·	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
(voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
· Dated	10/04/19
selec	a director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Tovena Rina (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	(Title of person signing)
	(Title of person signing)