## P99000109130

| (Re                     | questor's Name)   |             |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
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| (Cit                    | y/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    | <u> </u>    |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
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10/23/13--01011--016 \*\*35.00

SECRETARY OF STATE ALLAHASSEELFLORID

C. LEWIS

OCT 2 9 2013

EXAMINER

TO: Amendment Section **Division of Corporations** 

Tallahassee, FL 32314

| ·  | RATION: ANGELES                             | RESIDENTIAL  | INC  |  |
|--|---|--|--|--|
| NAME OF CORPORATION O | D0000010010                                 |  |  |  |
| The enclosed Articles  | of Amendment and fee are su                 | bmitted for filing.  |  |  |
| Please return all corre  | spondence concerning this ma                | tter to the following:   |  |  |
|  | YANELIS PEREZ                               | <u>z</u>   |  |  |
|  | <del></del>                                 | Name of Contact Person   | 1  |  |
| ANGELES RESIDENTIAL, INC   |   |  |  |  |
|  |   | Firm/ Company  |  |  |
|  | 6341 PALM AVENUE                            |  |  |  |
|  | Address                                     |  |  |  |
|  | HIALEAH, FL 33012                           |  |  |  |
|  |   | City/ State and Zip Code   | e  |  |
| var  | nelis_pichardo@h                            | otmail.com   |  |  |
| <del></del>  |   | sed for future annual report                                       | notification)  |  |
|  |   |  |  |  |
| For further information  | n concerning this matter, pleas             | se cail;   |  |  |
| YANELIS PEREZ  |   | at (786  | , 423-6759   |  |
| Name   | of Contact Person                           | Area Co  | de & Daytime Telephone Number  |  |
| Enclosed is a check for  | or 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) |  |
| Ma   | iling Address                               | Street   | Address  |  |
| Am   | endment Section                             | Amendment Section  |  |  |
|  | ision of Corporations                       | Division of Corporations   |  |  |
| P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle  |   |  |  |  |
| 1 411  | anassee, FL JZJ17                           | 4,001 L  | ACCUUTE COMO CHOIC   |  |

Tallahassee, FL 32301

APPROVED AND FILED

## Articles of Amendment to Articles of Incorporation

13 OCT 23 PM 2: 52

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## ANGELES RESIDENTIAL, INC

INC. VALLAHASSEE, FLO

| (Name of Corporation as   | currently filed with the I            | lorida Dept. of State)   |
|---|---------------------------------------|--|
| P99000109130  |                                       |  |
| (Docume)  | nt Number of Corporation (i           | if known)  |
| Pursuant to the provisions of section 607, its Articles of Incorporation:                                 | 1006, Florida Statutes, this          | Florida Profit Corporation adopts the following amendment(s)   |
| A. If amending name, enter the new na   | ame of the corporation:               | The new  |
|   | nation "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) |                                       | N/A  |
|   | , , , , , , , , , , , , , , , , , , , | <del></del>  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                   |                                       | N/A  |
| D. If amending the registered agent an new registered agent and/or the new                                |                                       |  |
| Name of New Registered Agent YANELIS PERE   |                                       | Z  |
|   | 6341 PALM AV                          | ENUE   |
|   | ·                                     | reet address)  |
| New Registered Office Address:  | HIALEAH                               | Florida 33012  |
|   | (City)                                | (Zip Code)   |
|   |                                       | with and accept the obligations of the position.   |
|   | ν,                                    |  |

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<br>(Check One) | Title     | Name           | <u>Addres</u> s   |
| 1) Change                     | Р         | CARLOS HERRERA | 6341 PALM AVENUE  |
| Add                           |           |                | HIALEAH, FL 33012 |
| Remove                        |           |                |                   |
| 2) Change                     | P         | YANELIS PEREZ  | 6341 PALM AVENUE  |
| <b>✓</b> Add                  |           |                | HIALEAH, FL 33012 |
| Remove                        |           |                |                   |
| 3) Change                     |           |                |                   |
| Add                           |           |                | <u></u>           |
| Remove                        |           |                |                   |
| 4) Change                     |           |                | _                 |
| Add                           |           |                |                   |
| Remove                        |           |                |                   |
| 5) Change                     |           |                | _                 |
| Add                           |           |                |                   |
| Remove                        |           |                |                   |
| 6) Change                     |           |                |                   |
| Add                           |           |                |                   |
| Remove                        |           |                |                   |

| (Attach additional sheets, if necessary). | (Be specific)   |
|---|---|
| <b>′</b> A                                |   |
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| If an amendment provides for an exch      | ange, reclassification, or cancellation of issued shares,   |
| provisions for implementing the ame       | ndment if not contained in the amendment itself:  |
| Provisions for implementing the anici     |   |
| (if not applicable, indicate $N/A$ )      |   |
| (if not applicable, indicate $N/A$ )      |   |
| (if not applicable, indicate $N/A$ )      |   |
| (if not applicable, indicate $N/A$ )      |   |
| (if not applicable, indicate $N/A$ )      |   |
| (if not applicable, indicate $N/A$ )      |   |
| (if not applicable, indicate $N/A$ )      |   |
| (if not applicable, indicate N/A)         |   |

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| . The date of each amendment(s) adoption:  | n 19  | 13 007 23  | PM. 2: oshgr than the |
|--|---|--|-----------------------|
| date this document was signed.   |   | SECRETARY  | <u> </u>              |
| Effective date if applicable:  | (no more than 90 days after amen  | SECRETARY<br>TALLAHASSE                                | E.FLORIDA             |
|  | (no more man 30 days after amen   | umeni jile uusej                                       |                       |
| Adoption of Amendment(s) (CHI  | ECK ONE)  |  |                       |
| The amendment(s) was/were adopted by the sby the shareholders was/were sufficient for ap |   | cast for the amendment(s)                              |                       |
| The amendment(s) was/were approved by the must be separately provided for each voting to |   |  |                       |
| "The number of votes cast for the amend  | dment(s) was/were sufficient for ap   | proval   |                       |
| by(voti  |   | "  |                       |
| (voti  | ng group)   |  |                       |
| The amendment(s) was/were adopted by the b action was not required.                      | ooard of directors without sharehold  | der action and shareholder                             |                       |
| The amendment(s) was/were adopted by the is action was not required.                     | ncorporators without shareholder a  | ction and shareholder                                  |                       |
| Dated 10-21-2013   |   |  |                       |
| Signature  | 1 N 2020N   |  | <del></del>           |
| (By a director, presidual selected, by an incomappointed fiduciary                       | dent or other pricer if directors of in the hands of a receive by that fiduciary) | or officers have not been wer, trustee, or other court |                       |
| YANELIS  | PEREZ   |  |                       |
|  | (Typed or printed name of pe  | rson signing)  | <del></del>           |
| PRESIDE  | ENT   |  |                       |
|  | (Title of person signi  | no)  | <del></del>           |