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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MIRAMAR EQU	ITIES, INC.			
DOCUMENT NUME	BER:				
The enclosed Articles	of Amendment and fee are st	ibmitted for filing.			
Please return all corres	pondence concerning this ma	itter to the following:			
	Barbara Humphrey				
		Name of Contact Person	n		
	Law Office of Robert A. Heekin				
	Firm/ Company				
	1 Sleiman Parkway, Suite 28	0			
,		Address			
	Jacksonville				
		City/ State and Zip Cod	e		
fiahns	son@sleiman.com				
	•	sed for future annual report	notification)		
		·			
For further information	concerning this matter, pleas	se call:			
Barbara Humphrey		904 at (	de & Daytime Telephone Number		
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:		
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 Divis P.O.	Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		lment Section on of Corporations Building Executive Center Circle		

## Articles of Amendment to Articles of Incorporation of

## MIRAMAR EQUITIES, INC.

( <u>Name</u> )	of <u>Corporation as curre</u>	ntly filed with the Flori	ida Dept. of State)	 	
	\$79759				
	(Document Numbe	r of Corporation (if know	vn)	-	
Pursuant to the provisions of section 607, its Articles of Incorporation;	1006, Florida Statutes, th	nis <i>Flo<b>rida Profit Corpo</b>a</i>	ration adopts the fo	ollowing amend	ment(s) to
A. If amending name, enter the new na	ime of the corporation:				
N/A				The n	le'M'
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," o	r "Co". A professional		the abbreviat	ion
B. Enter new principal office address, (Principal office address MUST BE A S		N/A			_
				2018 SEC	_
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )		N/A	-4	JUN 27 AHASSEE	
				SIAIE FLORIO	
D. If amending the registered agent an new registered agent and/or the new			the name of the	レ	
Name of New Registered Agent	Rockford Staten				
<u></u>	1 Sleiman Parkway, Su	ite 270			
	(Florida	street address)			
New Registered Office Address:	Jacksonville		. Florida <sup>31</sup>	2216	
		(City)		(Zip Code)	
New Registered Agent's Signature, if cl	hanging Registered Age	ent:			
I hereby accept the appointment as regist			ligations of the pos	sition.	
	/// //			_	

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;  $\hat{V}$ = Vice President; T—Treasurer, S= Secretary; D—Director; TR= Trustee; C= Chairman or Clerk; CEO  $\simeq$  Chief Executive Officer; CFO  $\simeq$  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	PT	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	COO	Robert K. White	1 Sleiman Parkway, Suite 270
Add			Jacksonville, Florida 32216
XRemove			
2) Change	V	Michael W. Herzberg	1 Sleiman Parkway, Suite 270
X Add			Jacksonville, Florida 32216
Remove			
3 ) Change			
Add			
Remove			
4) Change	<del> </del>		
Add			
Remove			-
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or adding additional Articles, enter change(s) here:</u> (Attach additional sheets, if necessary). (Be specific)
N/A
F. 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)
N/A
······································

The date of each amendment(s) adoption:	, if other than the
date this document was signed. N/A	
Effective date if applicable:	
(no more than 90 days after amendment f	ile date)
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The f must be separately provided for each voting group entitled to vote separately on the am	
"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 action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	l shareholder
Dated	
Simulan	
Signature  (By a director, president or other officer – if directors or officer selected, by an incorporator – if in the hands of a receiver, trust appointed fiduciary by that fiduciary)	
ELIT, SLEIMAN, JR.	
(Typed or printed name of person signing)	_
Vice President	
(Title of person signing)	

. . .