

584614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

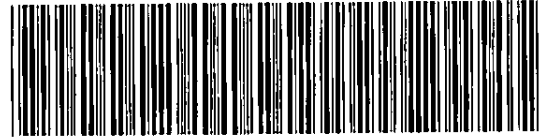
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



800436604818

Amend

FILED
2024 OCT -7 AM 10:51
CLERK OF DISTRICT COURT

RECEIVED
2024 OCT -7 PM 3:34
CLERK OF DISTRICT COURT

A. RAMSEY
OCT 8, 2024

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: \$52.50

Authorization Signature: *Latler*

A + Realty Management, Inc.

Business

Document #

 Walk in

 Will wait

 X Certified Copies of the Articles of Organization

 X Certificate of Status

NEW FILINGS

 Profit

 Not for Profit

 LLC

 Domestication

 INC

 CORP

 OTHER

AMENDMENTS

 X Amendment

 Resignation of R.A. Officer/Director

 Change of Registered Agent

 Dissolution/Withdrawal

 Conversion

 Statement of Correction.

 Merger

OTHER FILINGS

 Annual Report

 Fictitious Name

 Statement of Authority

 APOSTIL
 COUNTRY

REGISTRATION/QUALIFICATIONS

 Foreign Filing

 Partnership

 Reinstatement

 CORRECTION for a Foreign LLC

 Domestication of a Foreign Corp.

 Other

EXAMINER'S INITIALS:

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: A+ Realty Management, inc

DOCUMENT NUMBER: s84614

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

arleta clark
Name of Contact Person
A+ Realty Management, Inc.
Firm/ Company
7419 royal oak dr
Address
spring hill fl 34607
City/ State and Zip Code
Kat97@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

arleta clark at (727) 2714796
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FILED

2024 OCT -7 AM 10:51

SECRETARY OF STATE
FLORIDA

(Name of Corporation as currently filed with the Florida Dept. of State)

A+ Realty Management, inc s84614

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>Presiden</u>	<u>Thomas Clark</u>	<u>7419 Royal Oak Dr.</u>
<input type="checkbox"/> Add			<u>Spring Hill, FL. 34607</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>Presiden</u>	<u>Arleeta Clark</u>	<u>7419 Royal Oak Dr.</u>
<input checked="" type="checkbox"/> Add			<u>Spring Hill, FL. 34608</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>Director.</u>	<u>Kathleen Fenton</u>	<u>12203 Lamont Dr.</u>
<input checked="" type="checkbox"/> Add			<u>Spring Hill, FL. 34608</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

[illegible]

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 will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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 Arleeta Clark _____,"
(voting group)

Dated 11/7/27 _____

Signature Arleeta Clark _____
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Arleeta Clark

(Typed or printed name of person signing)

President/ Owner

(Title of person signing)