## 141138

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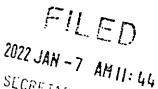
## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: TOBIN PROPER	TIES - REAL ESTATE GR	OUP, INC.			
DOCUMENT NUN	1BER:					
	s of Amendment and fee are st					
Please return all corr	espondence concerning this ma	atter to the following:				
	VICTOR LOPEZ					
		Name of Contact Perso	n			
	TOBIN PROPERTIES					
		Firm/ Company				
	1101 BEN TOBIN DRIVE					
	Address					
	HOLLYWOOD, FL 33021					
		City/ State and Zip Cod	5			
	vlopez@tobinprop.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	on concerning this matter, plea	se call:				
VICTOR LOPEZ		954 at (	989-3000			
Name	of Contact Person	at ( 954 ) 989-3000  Area Code & Daytime Telephone Number				
Enclosed is a check for	or 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			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



\_, Florida\_

TOBIN PROPERTIES - REAL ESTATE GROUP, INC. (Name of Corporation as currently filed with the Florida De V41138 (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: TOBIN REAL ESTATE, INC. 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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:

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

Name of New Registered Agent

New Registered Office Address:

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

(Florida street address)

(City)

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)

Example:

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	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3 ) Change		_		
Add				
Remove				
4) Change		_	18 dy - 500	
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

If amending Attach addi	g or adding additional attional attional sheets, if necessar	Articles, enter cha v). (Be specific)	nge(s) here:		
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provisions	dment provides for an e for implementing the a applicable, indicate N/A	imendment if not	ication, or cancell contained in the a	ation of issued share mendment itself:	<del>?S.</del>
	<del></del>				
			<del></del> -		

The date of each amendment(s) date this document was signed.	adoption:			, if other than the
JA Effective date if applicable:	ANUARY 17, 2022			
was and was proceeded.	(no more	than 90 days after amend	dment file date)	<del></del>
Note: If the date inserted in this document's effective date on the l	block does not meet the Department of State's reco	applicable statutory fili ords.	ng requirements, this dat	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE	.)		
The amendment(s) was/were a action was not required.	dopted by the incorporato	rs, or board of directors	without shareholder action	on and shareholder
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholden sufficient for approval.	s. The number of votes of	cast for the amendment(s	·)
☐ The amendment(s) was/were apmust be separately provided for	oproved by the shareholde or each voting group entite	ers through voting groups led to vote separately on	s. The following stateme. the amendment(s):	nt
"The number of votes cas	st for the amendment(s) w	as/were sufficient for ap	proval	
by		· <del>-</del>		
	(voting group)			
JANUAR	Y 7, 2022			
Dated		······································		
Signature	Show , out	EVP + CFO		
	director, president or other		officers have not been	
selecte	ed, by an incorporator - if	f in the hands of a receive		
арроіі	nted fiduciary by that fidu	ciary)		
	VICTOR LOPEZ			
	(Typed or pri	inted name of person sign	ning)	<del>-</del> +
	C.F O.			
	(Title of person	on signing)	····	