(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
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SECRETARY OF STATE ALL AHASSES FLOOR

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION: _	REALTOR Assoc	<u>iation of G</u>	reater Mia	ami & the Be
				Beaches	s, Inc.
DOCUMENT N	UMBER: N94	000002695			
The enclosed Arti	cles of Amendm	ent and fee are subm	tted for filing.		
Please return all c	orrespondence co	oncerning this matter	to the following:		
	<u>Teresa Kin</u>				
	•	(Name of Co	ontact Person)		
RI	EALTOR Asso	ciation of Gr (Firm/C	eater Miami Company)	and the	Beaches, Inc
. 7 .	00 S. Royal	Poinciana Bl (Ad	vd., Ste. 4 dress)	00	
<u>M</u> :	iami, FL	33166 (City/ State	and Zip Code)	·	
<u>+</u>)	kinney@miam E-mail	nire.com address: (to be used f	or future annual re	eport notification	on)
For further inform	ation concerning	this matter, please c	all:		
Robert Sac (Na	dler, CAO	erson)	() 468-700 de & Daytime	0 Telephone Number)
Enclosed is a chec	k for the followi	ng amount made pay	able to the Florida	Department of	State:
□ \$35 Filing Fee	☐ \$43.75 Certificate	Filing Fee & of Status	□ \$43.75 Filing Certified Copy (Additional copy enclosed)		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
A D P.	Iailing Address mendment Section ivision of Corpora O. Box 6327 allahassee, FL 323	tions	Division Clifton B	ent Section of Corporations	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

A	to	
Arnel	les of Incorporation of	10 8
		162 160
REALTOR Association of Great (Name of Corporation as current	ater Miami and the Beach ntly filed with the Florida Dept. of S	tate)
N9400002695	<u> </u>	tate)
	ber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, If the following amendment(s) to its Articles of Inc.	_	~4
A. If amending name, enter the new name of	the corporation:	8/30/10
Miami Association of REALTORS The new name must be distinguishable and conabbreviation "Corp," or "Inc." "Company" or	ntain the word "corporation" or "in	corporated" or the
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)	
D. If amending the registered agent and/or re new registered agent and/or the new regist		nter the name of the
Name of New Registered Agent:		
Now Posistand Office Address:	(Florida atropa diduna)	
New Registered Office Address:	(Florida street address)	
_	(City)	, Florida (Zip Code)
N D 1 / 1 / 1 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /	•	(Dif Codd)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a position.		ept the obligations of the
		·····
Sie	nature of New Registered Agent, if ch	anging

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)

Title .	<u>Name</u>	Address	Type of Action
			
	·		
			□ D
E. If amen	iding or adding additional Andditional Andditional sheets, if necessary	rticles, enter change(s) here:). (Be specific)	-
<u> </u>			
<u> </u>			
		,	

The date of each amendment(s) adoption:
Effective date if applicable: 8/30/16 (date of adoption is required)
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated
Signature Care land
(By the chairman or vice chairman of the board, president or other officer-if directo have not been selected, by an incorporator — if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
Teresa King Kinney (Typed or printed name of person signing)
Chief Executive Officer (Title of person signing)