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(Re	equestor's Name)		
(Ac	idress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Bu	usiness Entity Nar	me)	
(Document Number)			
Certified Copies	Certificates	s of Status	
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STORTIAL OF STATE
PALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: MOUND DOCUMENT NUMBER: P0908	+ Dora Really Group In
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
Mount D 851 Mount	Name of Contact Person Ora Realty Group Inc Firm/ Company M. Donnelly Street Address H. Dova FL 32757 City/ State and Zip Code ee D & Gmail Com d for future annual report notification)
For further information concerning this matter, please	call:
Lesa Burton Name of Contact Person	at (<u>352</u>) <u>989 · 3384</u> Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
S35 Filing Fee Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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 Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

fo

Articles of Incorporation

to

Mount Dora Realty	aroup INC	
(Name of Corporation as currently fi	iled with the Florida Dept. of Stat	<u>te</u>)
PO 9 000 10 2 0 2 9 (Document Number of Co	orporation (if known)	
Pursuant to the provisions of section 607,1006. Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	orida Profit Corporation adopts the	following amendment(s)
A. If amending name, enter the new name of the corporation:	NIA	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co" or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.2"	". A professional corporation nat	or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N// 1	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	FILE T
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	PLORIUA 13
Name of New Registered Agent	NJA	
(Florida street	address)	
New Registered Office Address:	, Florida	1
(Ci	(k)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the p	position.
Signature of New Regi	istered 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; 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: <u>X</u> Change	<u>PT</u>	<u>John Doe</u>	
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		Alicia Dawn Williams	923 North Baker St
<u></u> ∧dd		MAN STORY	Mount Dorag FL
Remove			32757
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

•	. (Be specific)	
·	NA	
		
		
		_
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares,	
	endment if not contained in the amendment itself:	
	_	
(if not applicable, indicate N/A)	\mathcal{A}	
	NA	
	NA	
	<u>NA</u>	
	NA	

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 statutor document's effective date on the Department of State's records.	y filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting g must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient f	or approval
by(voting group)	···
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shar action was not required.	reholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sharehold action was not required.	der action and shareholder
Dated	
Signature Lesa Burtin	?
(By a director president or other officer - if direct	
selected, by \star n incorporator – if in the hands of a rappointed fiduciary by that fiduciary)	receiver, trustee, or other court
(Typed or printed name of pers	urtor
(Typed or printed name of person	on signing)
Presiden	<i>it</i>
(Title of person sign	ning)