P13000092829

(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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NOV 27 2013 T. CARTER

COVER LETTER

TO: Amendment Section

Division of Corporations						
NAME OF CORPORATION: RIASCOS MD LT. P.A.						
DOCUMENT NUMI	BER: P1300009282	29				
The enclosed Articles	of Amendment and fee are si	ibmitted for filing.				
Please return all corres	spondence concerning this ma	itter to the following:				
	LEX LAROSE					
		Name of Contact Person	1			
	BRYNN ASSOCI	ATES LLC				
		Firm/ Company				
	1122A NOSTRAI	ND AVENUE				
		Address				
	BROOKLYN, NY					
		City/ State and Zip Code	e			
CP.	A@BRYNNASSC	CIATES.COM				
		sed for future annual report	notification)			
For further information	n concerning this matter, pleas	se call:				
LEX LAROSI	E	_{at (} 718	7357177			
Name o	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:						
□ \$35 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			Address			
	endment Section sion of Corporations	Amendment Section Division of Corporations				
	Box 6327		Building			
I alla	ahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation of



RIASCOS MD LT. P.A.

13 NOV 21 PH 2: 19

(Name of Corporation as	currently filed with the Flo	rida Dept. of State)		
P13000092829				
(Documen	nt Number of Corporation (if I	known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation ado	pts the following a	mendment(s) to
A. If amending name, enter the new na	me of the corporation:			
N/A		<u> </u>		he new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corporati	ated" or the abhr ion name must con	eviation itain the
B. Enter new principal office address,		N/A		
(Principal office address MUST BE A S				
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		N/A		
(Mauing daaress <u>MAY BE A PUST (</u>	OFFICE BUX)			
D. If amending the registered agent an		ss in Florida, enter the пате	e of the	
new registered agent and/or the new				
Name of New Registered Agent	N/A			
	(Florida stree	et address)		
New Registered Office Address:	N/A	, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if cl				
I hereby accept the appointment as regist	ered agent. I am familiar wi	ith and accept the obligations	of the position.	
·	<u> </u>			
Siş	gnature of New Registered Ag	gent, 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.

X Change	<u>PT</u>	John Doe							
X Remove	<u>v</u>	Mike Jones							
X Add	<u>sv</u>	Sally Smith							
Type of Action (Check One)	Title	<u>Name</u>	Address						
1) 🚺 Change	PST	JULIO RIASCOS	222 NE 25TH ST.	_					
Add			SUITE 1506						
Remove			MIAMI, FL 33137	_					
2) Change				-					
Add				_					
Remove				-					
3) Change				-					
Add				-					
Remove				_					
4) Change				_					
Add				_					
Remove				-					
5) Change									
Add									
Remove									
				•					
6) Change				_					
Add				_					
Remove									

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) W/A	nge(s) here:	·-	c)	(Be specif	essary).	eets, if neces	itional shee	ch additi	(Attac
(if not applicable, indicate N/A)									/A
(if not applicable, indicate N/A)	<u> </u>								
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A		<u> </u>			e N/A)	le, indicate	applicable	(if not a	<u>p</u>
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The date of each amendment(s) adoption: 11/15/13	, if other than th
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_11/15/13	
The	
Signature	
(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)	
LEX B. LAROSE	
(Typed or printed name of person signing)	
INCORPORATOR	
(Title of person signing)	