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TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: ANNA TORRES,	PA				
DOCUMENT NUMB						
	of Amendment and fee are su	bmitted for filing.				
Please return all corres	condence concerning this ma	tter to the following:				
	DAVID B. LANTER, CPA					
-		Name of Contact Person	l			
	LANTER, LEONARDO, & LEVY, LLC					
-		Firm/ Company				
	1800 NW CORPORATE BLVD. #303					
-		Address	<u> </u>			
	BOCA RATON, FL 33431					
-		City/ State and Zip Code	3			
BĖIN	ZIO@POWERSMCNALIS.	СОМ				
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
DALKED LANGER	CD 4	561	009 7770			
DAVID B. LANTER, CPA		at (
Name o	f Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)			
Ame Divis P.O.	ing Address Indment Section Ision of Corporations Box 6327 Industrial House, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle			

Articles of Amendment to

Articles of Incorporation of

Frid 0 15 AUG 17 AN IO: 05

ANNA TORRES, PA e kohile ida ese desere (Name of Cornoration as currently filed with the Florida Dept. of State) P15000038562 (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: ANNA D. TORRES, P.A. 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 RE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. It 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: (City) 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

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	PT	John Doe		
X Remove	¥	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name		<u>Addres</u> s
1) Change				<u></u>
Add				
Remove				
2) Change		· -		
Add				
Remove				<u></u>
3) Change		<u> </u>		
Add				
Remove				
4) Change	<u></u>			
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Damova				

(Attach	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
	*
<u>,</u>	
	
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provi	mendment provides for an exchange, reclassification, or cancellation of issued shares, thous for implementing the amendment if not contained in the amendment itself: I not applicable, indicate N/A)

The date of each amendment(s) ad date this document was signed.	option:	, 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 b document's effective date on the De	lock does not meet the applicable statutory filing requirements, the partment of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendr fficient for approval.	nent(s)
	roved by the shareholders through voting groups. The following streach 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)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and share	holder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and sharehold	сг
Dated	112/15	
Signature	rector, president or other officer - if directors or officers have not	been
selected	I, by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)	
	ANNA D. TORRES	
	(Typed or printed name of person signing)	**************************************
	PRESIDENT	
	(Title of person signing)	