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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

r r

NAME OF CORPORATION: MARIANO G	UTIERREZ PA
DOCUMENT NUMBER: P18000051234	
The enclosed Articles of Amendment and fee ar	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
RAYONDA WILLIAMS	3
	Name of Contact Person
PERFECT CIRCLE GRO	OP.
	Firm/ Company
1221 BRICKELL AVE,	SUITE 900
-	Address
MIAMI, FL 33131	
	City/ State and Zip Code
RW@PERFCIRCLEWW.COM	1
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p	
Name of Contact Person	at ( 305 ) 995-8255  Area Code & Daytime Telephone Number
Name of Confact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
\$35 Filing Fee Certificate of Statu	
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 to Articles of Incorporation of

MARIANO GUTIERREZ PA

(Name of Corporation as currently	filed with the Florida Dept. of State)
P18000051234	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable:	10
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	APR 22
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	38 
	·
(Florida stree	address)
New Registered Office Address:	, Florida
(0	ity) (Zip Code)
Now Designated Agent's Signature if the signature is	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
	1 g
	<del></del>
Signature of New Reg	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:

X Change	<u>PT</u> <u>J</u>	ohn Doe	
X Remove	<u>v</u> <u>N</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>	KEVIN MOYA ZAMBRANO	2385 NW EXECUTIVE CTR DR
Add			SUITE 100
X Remove			BOCA RATON, FL 33431
2) Change	<u>s</u>	RAYONDA WILLIAMS	1221 BRICKELL AVE
X Add			SUITE 900
Remove			MIAMI, FL 33131
3 ) Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<del>-</del>
Add			
Remove			<del></del>
6) Change	<u></u>		
Add	•		
Remove			

ttach <i>additional sheets, if necess</i>	l Articles, enter cha ary). (Be specific)			
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an amendment provides for an	exchange, reclassif	ication, or cancells	ation of issued shares,	ı
rovisions for implementing the	amendment if not o	contained in the an	nendment itself:	
(if not applicable, indicate N/	л)			
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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
· · · · · · · · · · · · · · · · · · ·	(no more than 90 days after amendment file date)	
Note: If the date inserted in this I document's effective date on the De	plock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement 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 add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
04/17/2019		
Dated		
Signature 4		
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	KEVIN MOYA ZAMBRANO	
	(Typed or printed name of person signing)	<del></del>
	SECRETARY	
	(Title of person signing)	