## P180000 87440

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(City/	/State/Zip/Phone	e #)
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## COVER LETTER -

**TO:** Amendment Section Division of Corporations

NAME OF CORPO		//A.	
DOCUMENT NUM	P18000087440 BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Julia Teixeira Coufal Wilms		
	Julia T. C. Wilms P.A.	Name of Contact Person	n
	· -	Firm/ Company	
	121 NE 34th street unit 2408	* *	
	Miami/ FL 33137	Address	
		City/ State and Zip Cod	r.
julia	coufal@gmail.com	city thate and my feet	•
	-		
	h-mail address: (to be u	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Julia Teixeira Coufal	Wilms	857 at (	2259(0)6
Name	of Contact Person	Area Co	de & Daytime Telephone Number
inclosed is a check for	or the following amount made	payable to the Florida Depo	artment of State:
S35 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)
	iling Address		Address
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
P.O. Box 6327		Clifton Building	
Tallahassee, Fl. 32314			Executive Center Circle
		Tallahassee, FL 32301	

10 JAM 28 PH 3: 15

## Articles of Amendment to Articles of Incorporation of

Julia T. C. Wilms P.A.

(Name of Corporation as current P180(0)087440	ly filed with the Florida Dept. of State)	
(Document Number o	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following a	amendment(s) to
A. If amending name, enter the new name of the corporation: Julia Teixeira Coufal Wilms P.A.		
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation	m," "company," or "incorporated" or the abb "Co". A professional corporation name must co	The new reviation ntain the
B. Enter new principal office address, if applicable:	NIA	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		- <b>(3)</b> 
		- <u>1</u>
C. Enter new mailing address, if applicable:		<b>ဘ</b>
(Mailing address MAY BE A POST OFFICE BOX)	NIA	7 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
		<u>မှ (</u> () 
		ਾ <b>ਸ</b> ਨੂੰ ਹ
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the	
Name of New Registered Agent NA		
(Florida su	reet address)	
New Registered Office Address:	(City) Florida (Zip Coo	<del></del>
	(Elp Col	R' į
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		
Signature of New F	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 officerldirector 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	PT Joh	n Doc	
X Remove	<u>V</u> <u>Mik</u>	ce Jones	
$X \wedge dd$	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	N/A	N/A	N/A
Add			
Remove			
2) Change			
Add			· <del></del>
Remove			
3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here;  (Re specific)
N/A	tor specifics
NIA	
<del></del>	
<del></del>	
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	adment if not contained in the amendment itself:
N/A	
10 / A	

The date of each amendment(s) adop	otion:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo- document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this drtment of State's records.	late will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment cient for approval.	(s)
	ved by the shareholders through voting groups. The following staten ch voting group entitled to vote separately on the amendment(s):	nent
"The number of votes east for	the amendment(s) was/were sufficient for approval	
hy	··	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and sharehold	ler
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
1/23/2019		
Dated		
Signature	Julia T. C. Wilms	
selected.	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other cou- fiduciary by that fiduciary)	
JI.	ILIA TEIXEIRA COUFAL WILMS	
p.	(Typed or printed name of person signing) RESIDENT	
	(Title of person signing)	