## P 1900000 3755

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MARIA JOSE FI	LAQUE PA	
DOCUMENT NUMBER: P19000003755		
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
RAYONDA WILLIAMS		
	Name of Contact Person	1
PERFECT CIRCLE GROP		
	Firm/ Company	
1221 BRICKELL AVE, SU	ITE 900	
	Address	
MIAMI, FL 33131		
	City/ State and Zip Code	<del></del>
RW@PERFCIRCLEWW.COM		
E-mail address: (to be u	ised for future annual report	notification)
For further information concerning this matter, plea	ase call:	
RAYONDA WILLIAMS	at ( 305	995-8255
RAYONDA WILLIAMS at (305 995-8255  Name of Contact Person Area Code & Daytime Telephone		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:
\$35 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

MARIA JOSE	FLAQUE PA
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( <u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)		
P1900003755				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 ts Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following	ng amendm	nent(s) to
A. If amending name, enter the new na	ame of the corporation:			
<del></del>			The net	
	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the c "Co". A professional corporation name must "P.A."		
B. Enter new principal office address, if applicable:		1221 BRICKELL AVE		
Principal office address <u>MUST BE A S</u>		SUITE 900		
		MIAMI, FL 33131		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1221 BRICKELL AVE		_
		SUITE 900 C/O PERFECT CIRCLE GROUP 😸		
		MIAMI, FL 33131		- :
		dress in Florida, enter the name of the	20 20	
new registered agent and/or the new registered office address:  PERFECT CIRCLE GROUP, PA			i.i	_
Name of New Registered Agent		·	- 9:2	1
	1221 BRICKELL AVE,			
	MIAMI	street address)		
New Registered Office Address:		, Florida	Code)	
		(Σφ	Cone	
New Registered Agent's Signature, if c	hanging Registered Ager	nt:		
		with and accept the obligations of the position.		
$\mathcal{V}_{0}(c)$	a Oracloou	$C_{C}$		
<del>- 10000</del>	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.

Example: XChange	<u>PT</u>	John Doe	
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	<u>s</u>	ELIZABETH MORTENSEN	5550 GLADES ROAD
Add			SUITE 200
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			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

<u>If amending or adding additional Arti</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)
<del></del>	
f an amendment provides for an eych	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) a	doption:	, 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 document's effective date on the D	block does not meet the applicable statutory filing requirements, this date wi epartment of State's records.	II not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement reach 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 ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
06/04/201 Dated	9	
Signature <u>(                                   </u>	soleta Weitinje	
(By a s	firector, president or other officer – if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)	
	ELIZABETH MORTENSEN	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	<del></del>