P20 0000 Z8808

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ation: Zenia,	Alarcon DM	, PA				
DOCUMENT NUMBI							
The enclosed Articles o	f Amendment and fee are sul	bmitted for filing.					
Please return all corresp	ondence concerning this made	tter to the following:					
-	Zhenia	Ala reon Name of Contact Person	 1				
-	Firm/ Company						
-	980 NW 123 CT Address						
-	Miami, F/ 33182						
-	Zalarcon E-mail address: (to be us	City/ State and Zip Code Bell South ed for future annual report	net notification)				
For further information	concerning this matter, pleas	se call:					
Zhenia Name o	Alarcon Contact Person	at (<u>30 5</u> Area Co	<u>776-3480</u> de & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:							
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations The Centre of Tallahassee					

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to

01

to

Articles of Incorporation of

Zenia Alarcon DM	1, PA
(Name of Corporation a	Scurrently filed with the Florida Dept. of State) 2017 - 1 All 8
V 200000 28808	Number of Corporation (if known)
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statists Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corpo	
Alarcon, Zhenia Mame must be distinguishable and contain the word "corpor" Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation."	The new ration." "company," or "incorporated" or the abbreviation "Corp" "Co". A professional corporation name must contain the word fon "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	980 NW 123 CT Miami Fl 33182
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	980 NW 123 CT Miami Fl 33182
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent Name of New Registered Agent	office address in Florida, enter the name of the e address:
	Florida street address)
New Registered Office Address:	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept the obligations of the position.
\mathcal{N}/A	
Signature	of New Registered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	PT	John Doe				
X Remove	$\underline{\mathbf{V}}$	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s			
1) Change		/ <u>A</u>				
Add						
Remove						
2) Change						
Add						
Remove 3) Change		_				
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

Attach <i>additional</i>	sheets, if necessary).	(Be specific)				
					<u> </u>	<u>_</u>
N/A						
*****		1				
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f an amendment	t provides for an exc	change, reclassifi	cation, or cancel	lation of issued s	hares.	
provisions for in	nplementing the am cable, indicate N/A)	iendment if not c	ontained in the a	mendment itself	•	
(ij nor appric	word, marcune					
. /:			· · · · · · · · · · · · · · · · · · ·			
N/A						

The date of each amendm date this document was sig	ent(s) adoption:	April 17,2	020	, if other than the
Effective date if applicabl	e:			
	(ne	o more than 90 days o	fter amendment file dat	e)
Note: If the date inserted document's effective date of			itutory filing requireme	nts, this date will not be listed as the
Adoption of Amendment(s) (<u>CHEC</u>	K ONE)		
The amendment(s) was/action was not required.	were adopted by the inco	orporators, or board o	directors without share	holder action and shareholder
☐ The amendment(s) was/ by the shareholders was	were adopted by the shar /were sufficient for appr		er of votes east for the ar	mendment(s)
☐ The amendment(s) was/ must be separately pro-	were approved by the sha ided for each voting gro			
"The number of v	otes cast for the amendme	ent(s) was/were suffi	rient for approval	
by _ <i>\//</i> A		group)	·	
,	(voting g	group)		
Dated	7/25/8	9020	X.	
Signature	(By a cinector, president selected, by an incorpor			
	appointed fiduciary by			
	$Zh\epsilon$	enia Ala ped or printed name o	reon	
	(Тур	ed or printed name o	person signing)	
	Pres	sident		
		e of person signing)		