Pa4000012848

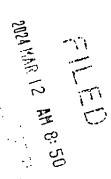
(Req	uestor's Name)	
(Addı	ress)	
nbbA)	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doct	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	-

Office Use Only



000419282760

NIC Amend



A. RAMSEY MAR 13 2024



X02250,00524,00671

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624	STEP 1
Please use funds from this account: 120210 Authorization Signature: Agustina Valdovinos PA. P24000012848 Business	00160: \$35.00 Document #
Walk in	Pick up time
Mail out	Will wait
Certified copy of articles of Organization Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
ProfitNot for ProfitLimited LiabilityDomesticationOtherCORPLLP OTHER FILINGS	X_AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion REGISTERATION/QUALIFICATIONS
Annual ReportFictitious Name	Foreign filingLimited Partnership Reinstatement
APOSTIL	Other

EXAMINER'S INITIALS:____

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: AGUSTINA VALI	DOVINOS PA - 					
DOCUMENT NUM	BER: P24000012848						
	s of Amendment and fee are su	bmitted for filing.					
Please return all corr	espondence concerning this ma	tter to the following:					
	VALDOVINOS, AGUSTINA	A L					
	-	Name of Contact Person	1				
	N/A						
		Firm/ Company					
	120 NW 51ST ST						
	Address						
	MIAMI, FL 33127						
		City/ State and Zip Code	e				
	FLCOASTREALTOR@GM	AIL.COM					
	E-mail address: (to be us	sed for future annual report	notification)				
For further information	on concerning this matter, pleas		292-9759				
	of Contact Person	at (954	de & Daytime Telephone Number				
	or the following amount made						
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 llahassee, FL 32314	Amend Division The Co 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303				



March 12, 2024

FLORIDA CAPITAL COURIER SERVICES INC

TALLAHASSEE, FL 32309

SUBJECT: AGUSTINA VALDOVINOS PA

Ref. Number: P24000012848

We have received your document for AGUSTINA VALDOVINOS PA and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

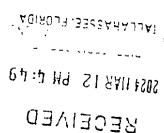
Your document is incomplete. The last page of the amendment form is missing. I have enclosed a blank page 4 for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey OPS

Letter Number: 524A00005359



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Articles of Amendment to Articles of Incorporation of

FILED

to

AGUSTINA VALDOVINOS PA		2024 MAR 12	KU 0.00
(Name	of Corporation as current	ly filed with the Florida Dep	t. of State)
P24000012848		· , - ,	
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation a	dopts the following amendment(
A. If amending name, enter the new n	ame of the corporation:		
AGUSTINA VALDOVINOS GIMENEZ	Z, P.A.		_The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp." "Inc." or "Co".	A professional corporation r	
D. Feter row principal office address	:Camplicables	N/A	
B. Enter new principal office address, (Principal office address MUST BE A S			
<u> </u>	· ·		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	
D. If amending the registered agent an new registered agent and/or the ne			me of the
Name of New Registered Agent	N/A		
	(Florida s	reet address)	
	N/A		
New Registered Office Address:		(Citv)	_, Florida (Zip Code)
		(Cn <u>i</u> y)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agen	t:	
I hereby accept the appointment as regis			is of the position.
	C'	n	
	Signature of New	Registered Agent, if changing	
Check if applicable			
☐ The amendment(s) is/are being filed p	oursuant 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	<u>PT</u>	John Doe						
X Remove	<u>V</u>	Mike Jone	es_					
	<u>sv</u>	Sally Smi						
Type of Action (Check One)	<u>Title</u>	1	<u>Name</u>			<u>Addres</u> s		
1) Change				_	 			
Add							<u>, , , , , , , , , , , , , , , , , , , </u>	
Remove								
2) Change								
Add								
Remove 3) Change								
Add				•	·			
Remove							-	
4) Change								
Add	_	- -	_		 			
Remove								
5) Change								_
Add					 	-		
Remove								
6) Change								<u></u>
Add							_	·.
Remove								

• If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
/A	
	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
I/A	

 $(-\bullet,-) = (\bullet,-) = (\bullet,$

•	03/11/24		
The date of each amendment(s) date this document was signed.	adoption:		_, if other than the
· · ·	/13/2024		
Effective date <u>if applicable</u> :			
	(no more than 90 day	vs after amendment file date)	
Note: If the date inserted in this document's effective date on the f		statutory filing requirements, this date will	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
■ The amendment(s) was/were a action was not required.	lopted by the incorporators, or board	I of directors without shareholder action and s	shareholder
☐ The amendment(s) was/were a by the shareholders was/were		nber of votes east for the amendment(s)	
	oproved by the shareholders through or each voting group entitled to vote.	voting groups. The following statement separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were su	flicient for approval	
by		."	
,	(voting group)		
03/11/24			
Dated			
Signature O	Juliy		
selec	director, president of other officer -	if directors or officers have not been ids of a receiver, trustee, or other court	_
	AGUSTINA I. VALDOVINOS		
	(Typed or printed name	of person signing)	
	PRESIDENT		
	(Title of person signing	3)	