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DIVISION OF CORPORATION

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	: Wolfberg/	Alvarez and Par	tners, Inc.		
DOCUMENT NUMBER:		J47617			
The enclosed Articles of Amen	dment and fee are su	abmitted for filing.			
Please return all correspondence	e concerning this ma	tter to the following:			
ма	Mary Lou Rodon, Esq.				
Ro	Name of Contact Person Rodon Law, PLLC				
21	Firm/Company 201 Alhambra Circle, Suite 504				
Address Coral Gables, Florida 33134					
City/ State and Zip Code					
m:	rodon@sralaw	v.com			
E-n	nail address: (to be u	sed for future annual report	notification)		
For further information concern	ning this matter, pleas	se call:			
Lucia M. Perez			, 445-8881		
Name of Contact Person Area Code & Daytime Telephone Nur		de & Daytime Telephone Number			
Enclosed is a check for the foll	owing amount made	payable to the Florida Depa	artment of State:		
•	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)		
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

SECRETARY OF STATE
OFFICE AND ALCOS

Articles of Amendment to Articles of Incorporation of

		Partners, Inc.	
(<u>Name of Co</u>	rporation as currently	filed with the Florida Dept. of State)	
	J47617		
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006. its Articles of Incorporation:	Florida Statutes, this Fi	lorida Profit Corporation adopts the foll	owing amendment(s) to
A. If amending name, enter the new name of	f the corporation:		
Not appl	icable		The new
name must be distinguishable and contain i "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co	o". A professional corporation name i	
B. Enter new principal office address, if app (Principal office address MUST BE A STREI		not applicable	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		not applicable	
			VISION C
D. If amending the registered agent and/or	registered office addres	ss in Florida, antar the name of the	- C.
new registered agent and/or the new reg		ss in Florida, enter the hange of the	PH 000
Name of Name Businessed Assure	not applic	cable	3 O G
Name of New Registered Agent			#: 05
	(Florida stree	t address)	
New Registered Office Address:		, Florida	
	(0	Zity)	(Zip Code)
New Registered Agent's Signature, if change			
I hereby accept the appointment as registered	ageni i am jamiliar wi	in and accept the obligations of the posit	ion.
	Discours of M. D.	sistered 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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	GARCIA, Aris	75 Valencia Avenue
Add			Suite 1050
X Remove			Coral Gables, FL 33134
2) Change	VP	GARCIA, Aristides	75 Valencia Avenue
X Add			Suite 1050
Remove			Coral Gables, FL 33134
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding addition at a state of the state of th		specific)			
	Not a	pplicable			
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f an amendment provides for	an exchange,	reclassification,	or cancellation o	f issued shares,	
provisions for implementing (if not applicable, indicate	the amendmen	t if not containe	d in the amendm	ent itself:	
(y nor apprecione, mateur	. 14/11	Not anal	iashla		
		Not appl	Icable		
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated November 27, 2017 Signature (By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiductary by that fiduciary)	
Katrina L. Alvarez Ruiz	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	