747617

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CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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WOLFBERG/AL	VAREZ AND P	ARTNERS.			
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: WOLFBERG/ALV	VAREZ AND PARTNERS, INC
DOCUMENT NUMBER: 147617	
The enclosed Articles of Amendment and fee are su	abmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
JORGE ALVAREZ	
¥* <u> </u>	Name of Contact Person
RODON LAW, PLLC	Value of Comment of Soli
	Firm/ Company
201 ALHAMBRA CIRCLE,	SUITE 504
	Address
CORAL GABLES, FL 33134	ı
	City/ State and Zip Code
JALVAREZ@SRALAW.COM	
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, pleas JORGE ALVAREZ	
Name of Contact Person	at (305) 445-8881 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p \$35 Filing Fee \$ Certificate of Status	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corpor	ation as currently filed with the l	Florida Dent of State)		
47617		20.194 Dept. Dr State)		
(Doc	cument Number of Corporation (if)	(nown)	-	
ursuant to the provisions of section 607.1006, Flors Articles of Incorporation:	rida Statutes, this <i>Florida Profit Co</i>	orporation adopts the follow	wing amen	dment(s)
. If amending name, enter the new name of the	corporation:			
ame must be distinguishable and contain the w Corp.," "Inc.," or Co.," or the designation "Co ord "chartered," "professional association," or the	TD. "DIC OF "Co" A profession	or "incorporated" or the onal corporation name mu	The abbrevia st contain	
Enter new principal office address, if applicate Principal office address MUST BE A STREET AL	ole: DDRESS)			- ~-
			- 8	2019
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox</u>)		<u> </u>	AUG 2
			(n)	7 64
If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, en	ter the name of the	in.	9: 52
Name of New Registered Agent	u omee auuress:			
	(Florida street address)	<u> </u>	_	
New Registered Office Address:		, Florida		
	(City)		Code)	-
w Registered Agent's Signature, if changing Re				

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: X Change	PT	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>s</u>	JORGE G. MALDONADO	75 VALENCIA AVE
X Add			#1050
Remove			CORAL GABLES, FL 33134
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
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5) Change			
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rovisions for imp	rovides for an exch lementing the amer le, indicate N/A)	ange, reclassifica idment if not con	tion, or cancellati tained in the ame	on of Issued share ndment itself:	<u>5.</u>
·					
					
		***		· · · · · · · · · · · · · · · · · · ·	
		78 1	·		

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
The amendment(s) was/were appromust be separately provided for	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopaction was not required.	sted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	nted by the incorporators without shareholder action and shareholder	
AUGUST 2 Dated		
selected	ector, president or other officer - if directors or officers have not been by an incorporator - if in the hands of a receiver, trustee, or other court diffuuciary by that fiduciary)	
1	CATRINA L ALVAREZ-RUIZ	
-	(Typed or printed name of person signing)	
. 1	DIRECTOR	
-	(Title of person signing)	