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(Requestor's Name) (Address)	700331970657
(City/State/Zip/Phone #)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ROLANDO E. LEIVA, C.P.A., P.A.

DOCUMENT NUMBER: K13521

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROLANDO E, LEIVA CPA

Name of Contact Person

ROLANDO E. LEIVA CPA PA

Firm/ Company

7400 SW 50TH TERRACE SUITE 302

Address

MIAMI, FL 33155

City/ State and Zip Code

ROLANDO@LEIVA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 ROLANDO E. LEIVA CPA
 at (305)
 663-1511

 Name of Contact Person
 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

S43.75 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)

<u>Mailing Address</u> 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

Articles of Amendment	
to	
Articles of Incorporation of	
ROLANDO E. LEIVA, C.P.A., P.A.	
(Name of Corporation as currently filed with the Florida Dept. of State	9 PM 1:21
K13521	
(Document Number of Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the s Articles of Incorporation:	tollowing amendmen
If amending name, enter the new name of the corporation: WIA	The new
ame must be distinguishable and contain the word "corporation," "company," or "incorporated" of Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation nan "ord "chartered," "professional association," or the abbreviation "P.A."	or the abbreviation
Enter new principal office address, if applicables	
 Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>) 	
······································	
. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	· · · ·
. If amending the registered agent and/or registered office address in Florida, enter the name of the	NIA
new registered agent and/or the new registered office address:	/*//\
Norman of Marco Device and Annual Annual	
Name of New Registered Agent	<u> </u>
(Florida street address)	
New Registered Office Address:, Florida,	(Zip Code)
	comp source
(City)	
(City)	

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:

<u>X</u> Change	<u>lot T9</u>	hn Doe					
<u>X</u> Remove	<u>V</u> <u>Mi</u>	Mike Jones					
<u>X</u> Add	<u>SV Sa</u>	Sally Smith					
<u>Type of Action</u> (Check One)	Title	Name	Address				
1) Change	Treasure	CAMPOS, MAURICIO	15866 SW 15TH ST				
Add			PEMBROKE PINES, FL 33027				
X Remove							
2) Change							
Add							
Remove							
3) Change							
Add			·				
Remove							
4) Change							
Add							
Remove							
5) Change							
Add							
Remove							
<i>δ</i>) Change							
Add			<u>. </u>				

_____ Remove

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)

NA _____ _____ _____ N/A F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) _____ ____

The date of each amendment(s) adoption:	, if other that
date this document was signed.	
Effective date if applicable:	
(no more than 90) days after amo	ndment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Data	JULY I	5, 2019				
Dated		<u> </u>				-
Signat		z=				
	(By a	director,	president o	or other o	fficer – if	director

rs or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ROLANDO E LEIVA

(Typed or printed name of person signing)

PRESIDENT AND REGISTERED AGENT

(Title of person signing)