K 65434

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Amend Klame Ch.

MAY 23 2019

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Briele & Echeverri	ia, P.A.	
DOCUMENT NUN			
	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Aida E. Briele		
		Name of Contact Person	n
	Briele & Associates, P.A.		
		Firm/ Company	
	1233 Anastasia Avenue		
		Address	
	Coral Gables, FL 33134		
		City/ State and Zip Cod	e
abri	elecpa@gmail.com		
		sed for future annual report	notification)
For further informati Aida E. Briele	on concerning this matter, pleas	se call:	772-5508
Name	of Contact Person	at (at ()de & Daytime Telephone Number
	for the following amount made		•
S35 Filing Fee	☐\$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		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle USSEC, FL 32301

Articles of Amendment to Articles of Incorporation

Briele	Ŀ	Echeverria.	P.A

	of Amendment to Incorporation of	Pig ida Dept. of State)
riele & Echeverria, P.A.		Pi
(Name of Corporation as curr	ently filed with the Flor	ida Dept. of State)
65434		
(Document Number	er of Corporation (if know	wn)
rsuant to the provisions of section 607.1006, Florida Statutes, t Articles of Incorporation:	his <i>Florida Profit Corpo</i>	oration adopts the following amendme
If amending name, enter the new name of the corporation	<u>:</u>	
riele & Associates, P.A.		The new
une must be distinguishable and contain the word "corpord Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o ord "chartered," "professional association," or the abbreviation	or "Co". A professiona	"incorporated" or the abbreviation
Enter new principal office address, if applicable:	2525 Ponce de Le	eon Blvd, Suite 300
rincipal office address MUST BE A STREET ADDRESS)	Coral Gables, FL	33134
Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX)	1233 Anastasia A	venue
	Coral Gables, FL	33134
	· · · · · · · · · · · · · · · · · · ·	
If amending the registered agent and/or registered office a new registered agent and/or the new registered office addi		the name of the
Name of New Registered Agent		
Name of New Registered Agent		-
(Floride	i street address)	
New Registered Office Address: 1233 Anastasia Avenue	e, Coral Gables	, Florida
New Registerea Office Address:	(City)	, Florida(Zip Code)
	(Cily)	(zip Colle)
ew Registered Agent's Signature, if changing Registered Ag		

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 Doe		
X Remove	<u>v</u>	Mike Jones	1.	
_X Add	<u>sv</u>	Sally Smith	NA	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change		<u> </u>		
Add				
Remove				
2) Change			<u></u>	
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)			
•				
			NIA	
				
-				
w-2-				
				<u> </u>
	·			
				— <u></u>
f an amendment provides for an excha- provisions for implementing the amen	<u>ange, reclassification,</u> idment if not contains	<u>or cancellation o</u> ed in the amendo	<u>f issued shares,</u> ent itself:	
(if not applicable, indicate N/A)			<u>········</u>	
				-
				

The date of each amendmendate this document was signed	t(s) adoption:	, if other than the
•	 May 1, 2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	· · · · · · · · · · · · · · · · · · ·
	this block does not meet the applicable statutory filing requirements, this dhe Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.	(s)
	re approved by the shareholders through voting groups. The following statened for each voting group entitled to vote separately on the amendment(s):	ient
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
May Dated	1, 2019	
Signature _		
	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other cou	
	ppointed fiduciary by that fiduciary)	111
	Aida E. Briele	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	