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(City/State/Zip/Phone #)

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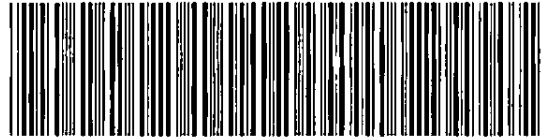
(Business Entity Name)

(Document Number)

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Clerk of Court

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DON BERNA ONE LLC**

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

MARIA CAMILA GOMEZ

\_\_\_\_\_  
Name of Person

DON BERNA ONE LLC

\_\_\_\_\_  
Firm/Company

384 COCONUT CIRCLE

\_\_\_\_\_  
Address

WESTON, FL 33326

\_\_\_\_\_  
City/State and Zip Code

DONBERNAONE11C@GMAIL.COM

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

For further information concerning this matter, please call:

MARIA CAMILA GOMEZ

954 9182837  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

DON BERNA ONE LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/13/2004 and assigned  
Florida document number 1.03000040662.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JAIME ANDRES GOMEZ	384 COCONUT CIRCLE WESTON, FL 33326	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA CAMILA GOMEZ	384 COCONUT CIRCLE WESTON, FL 33326	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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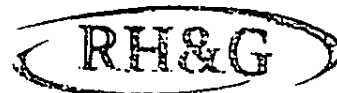
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 5, 2024

Cingele Narany by Jaime Gomez as Power of Attorney  
Signature of a member or authorized representative of a member

ANGELA NARVAEZ by Jaime Gomez as Power of Attorney  
Typed or printed name of signee



HERVAS & GOLDBERG P.A.  
WESTON TOWN CENTER  
1792 BELL TOWER LANE  
WESTON, FLORIDA 33326  
954-747-1400  
COPY

**DURABLE POWER OF ATTORNEY**

**ANGELA MARIA NARVAEZ, PRINCIPAL**

**AND**

**JAIME ANDRES GOMEZ, AGENT**

## **DURABLE POWER OF ATTORNEY**

I, **ANGELA MARIA NARVAEZ**, the principal, of **384 Coconut Circle, Weston, Florida 33326**, and whose Social Security number is **XXX-XX-2212** appoint my son, **JAIME ANDRES GOMEZ** of **Weston, Florida**, as my true and lawful attorney ("Agent") for me and in my name, place, and stead, to do any lawful act for and in my name as described herein. In the event that **JAIME ANDRES GOMEZ** is not willing to act or should resign or for any reason, including death or incapacity, is incapable of acting as my Agent, then I appoint my daughter, **MARIA CAMILA GOMEZ** of **Weston, Florida**, as my true and lawful Agent for me and in my name, place and stead, to do any lawful act for and in my name as described herein.

This Durable Power of Attorney shall serve to cancel and revoke any previous general power of attorney I have executed prior to this date; however I do not revoke any limited or specific power of attorney which I may have previously executed.

This Durable Power of Attorney is exercisable as of the date of execution, and shall not be affected by the subsequent incapacity of the principal except as provided in chapter 709, *Florida Statutes*.

### **I. GRANT OF GENERAL POWER**

Except as otherwise provided herein, by this Durable Power of Attorney, I intend to give to my Agent general authority to do and perform all matters and things, transact any and all business, make, execute, acknowledge, and deliver all contracts, orders, writings, assurances, and instruments that may be requisite or proper to effectuate any matter or thing appertaining or belonging to me or in which I have any interest, and generally to act for me in all matters of any nature or description, affecting my business, property or personal affairs, the full power and authority to conduct my affairs in like manner as I may conduct them from time to time during my lifetime with full power of substitution and revocation, and with all words herein to be construed in the broadest and most liberal sense to effect this purpose. I hereby ratify and confirm that my Agent shall lawfully have by virtue of this Durable Power of Attorney, the power herein granted, including, but not limited to, the following:

**1.1 ASSET LEASE OR PURCHASE.** To lease or purchase any and all motor vehicles, real estate and/or household furniture, fixtures, equipment, supplies, or other personal property (tangible or intangible) owned or to be owned by me, for such price and upon such terms and conditions as my Agent may deem advisable; to execute, sign, seal, acknowledge, and to enter upon or take possession of any real or personal property (tangible or intangible) over which I am entitled to right of possession; to buy United States government bonds redeemable at par in payment of the Federal Estate Tax imposed at my death;

**1.2 ASSET SALE OR TRANSFER.** To assign, or sell and convey, any or all of my right, title, and interest in my homestead (which terms shall include the present homestead that I now have as described above or any homestead in which I may hereafter acquire any right, title, or interest) or in any other real estate owned by me or in which I now have or may hereafter acquire any right, title, or interest, for such price and upon such terms and conditions as my Agent may deem advisable, and to execute, sign, seal, acknowledge and deliver warranty deeds with the customary covenants and warrants for said real estate; to execute, sign, seal, acknowledge, and deliver quit-claim deeds and/or to execute and deliver land contracts and/or to accept a real estate mortgage in part or whole and to do every other thing necessary or proper for carrying into effect any agreement of sale made by my Agent in such manner that all my estate, right, title or interest in or to said homestead or other real estate may be effectually and absolutely conveyed to the purchaser or purchasers thereof, or to his, hers or their heirs and assigns, forever; to execute, acknowledge, and cause to be recorded any and all bills of sale or other writings that may be necessary or desirable for me to execute, including contracts for sale, in order to convey title to any personal estate owned by me or in which I now have or may hereafter acquire any interest wherever the same may be situated; and to execute, acknowledge, and sign all forms, documents, claims, and affidavits that are necessary, desirable, or required in regard to the title to any motor vehicle or vehicles that I now own or may hereafter acquire;

**1.3 ASSET COLLECTION.** To collect all sums of money and other property due or to become due to me from any persons or entities; to assign, cancel, and satisfy notes and mortgages; to commence, prosecute, or enforce, or to defend, answer to, or oppose, all actions, suits, or other legal matters arising from or connected with any and all accounts payable due to or from me in connection with any matters in which I am or may hereafter be interested or concerned, and also, in the discretion of my Agent, to compromise, refer to arbitration, or submit to judgment in any such action or proceeding in which I may be in any way interested or concerned;

**1.4 TAX AUTHORITY.** To join in the filing of joint income tax returns with my spouse, if any; to settle tax disputes; to represent me before the Treasury Department or Internal Revenue Service in connection with any matter involving any Federal taxes in which I am a party, to make sign, execute, verify and file any return required to be made under the revenue laws of the United States, or the Internal Revenue Code; or under the statute of any state and to file any claim for refund, offer in compromise or application for a closing agreement, receive refund checks, execute waivers of any period of limitation; request extensions of time, execute any waiver of restrictions on assessments for collection of any tax and execute any Petition of Appeal to the United States Tax Court; to make any and all tax elections available to me, and to make, execute, and file on my behalf any federal and/or state income or intangible tax return, declaration of estimated tax required, or tax power of attorney. I hereby request permission from the District Director of the Internal Revenue Service in the Internal Revenue District in which I am a legal resident to permit my forenamed Agent to make, execute, and file the aforesaid returns and declarations;



**1.5 TRANSFER COMPLETION AUTHORITY.** To complete charitable pledges that I have made. In the event I have created a revocable living trust and the Trustee of that trust decides to transfer certain assets from the trust during my lifetime, authority is hereby given to my Agent to receive assets from the trust on my behalf and to make and convey such gifts as directed by the Trustee in my name pursuant to this Durable Power of Attorney;

**1.6 SECURITIES AUTHORITY.** To conduct investment transactions as provided in section 709.2208(2), *Florida Statutes*, and to sell, purchase, exchange, convert, tender, trade, and otherwise dispose of in any manner stocks, bonds, debentures, and any other securities, including purchasing of securities on margin and operating a margin account; to exercise stock and securities options; to open and close accounts with any dealer of securities; to pay commissions and other fees and expenses in connection with any securities transaction; and to execute stock powers for the purpose of transfer of securities; or similar documents on behalf of the principal and delegate to a transfer agent or similar person the authority to register any stocks, bonds or other securities either into or out of the principal's or nominee's name;

**1.7 BANKING AUTHORITY.** To conduct banking transactions as provided in section 709.2208(1), *Florida Statutes*, and to deposit any and all sums collected or received by my Agent on my behalf in any bank, savings and loan, or credit union account in my name; to pay any and all bills, accounts, claims, and demands now or hereafter due from me; to pay salaries of employees, if any; to draw checks or drafts upon or to withdraw funds from any and all bank accounts or deposits belonging to me, and all banking and savings and loan institutions are hereby authorized and directed to recognize the signature of my Agent for all purposes in connection with said accounts; to redeem any certificates of deposit; to endorse all checks, drafts, or bills of exchange due or to become due to me; to execute promissory notes and renewals thereof and to borrow money and to mortgage or create a lien upon all or any portion of any real estate or personal property now owned or hereafter acquired by me or in which I now have or hereafter acquire any right, title, or interest; to carry on all my ordinary banking business and to act for me in any and all business transactions of any nature or description in which I am now or have been engaged or interested in the future; to invest and re-invest any moneys belonging to me; to contract with any institution for the maintenance of a safe deposit box in my name; to have access to all safe deposit boxes in my name or with respect to which I am an authorized signatory, whether or not the contract for such safe deposit box was executed by me (either alone or jointly with others) or by my agent in my name; to add to and remove from the contents of any such safe deposit box and to terminate any and all contracts for such boxes; and to use any credit card held in my name to make such purchases and to sign such charge slips as may be necessary to use such credit cards;

**1.8 EMPLOYMENT BENEFITS.** To create and contribute to an employee benefit plan (including a plan for a self-employed individual) for my benefit; to select any payment option under any IRA, Roth IRA, or employee benefit plan in which I am a participant (including plans for self-employed individuals) or to change options I have selected; to make voluntary contributions to such plans; to make "roll-overs" of plan benefits into other retirement plans; to apply for and receive payments and benefits; to waive rights given to non-employee spouses under state or federal law; to borrow money and purchase assets therefrom and sell assets thereto, if authorized by any such plans;

**1.9 LITIGATION AUTHORITY.** To institute, supervise, prosecute, defend, intervene in, abandon, compromise, arbitrate, mediate, settle, dismiss, and appeal from any and all legal, equitable, judicial, or administrative hearings, actions, suits, proceedings, attachments, arrests, or distresses, involving me in any way, including but not limited to claims by or against me arising out of property damages or personal injuries suffered by or caused by me or under such circumstances that the loss resulting therefrom will or may be imposed on me, and otherwise engage in litigation involving me, my property, or any interest of mine, including any property or interest or person for which or whom I have or may have any responsibility; to seek on my behalf and at my expense (a) a declaratory judgment from any court of competent jurisdiction interpreting the validity of this instrument and any of the acts authorized by this instrument, but such declaratory judgment shall not be necessary in order for my Agent to perform any act authorized by this instrument; (b) a mandatory injunction requiring compliance with my Agent's instructions by any person, organization, corporation, or other entity obligated to comply with instructions given by me; and (c) actual and punitive damages against any person, organization, corporation, or other entity obligated to comply with instructions given by me who negligently or willfully fails or refuses to follow such instructions;

**1.10 FUNDING OF TRUSTS.** To transfer from time to time and any time to the trustee or trustees of any revocable trust agreement or other trust created by me before or after the execution of this instrument, as to which trust I am, during my lifetime, a primary income and principal beneficiary, any and all of my cash, property, or interests in property, including any rights to receive income from any source; and for this purpose to enter and remove from any safe deposit box of mine (whether the box is registered in my name alone or jointly with one or more other persons) any of my cash or property and to execute such instruments, documents, and papers to effect the transfers described herein as may be necessary, appropriate, incidental, or convenient; to make such transfers absolutely in fee simple or for my lifetime only with the remainder or reversion (of the property so transferred) remaining in me so that such property will be disposed of at my death by my Will or by the intestacy laws of the state in which I shall die a resident;

**1.11 POWER TO DEMAND AND RECEIVE.** To demand, arbitrate, mediate, settle, sue for, collect, receive, deposit, expend for my benefit, reinvest, or make such other appropriate disposition as my Agent deems appropriate, all cash, rights to the payment of cash, property (real, personal, intangible, or mixed), debts, dues right, accounts, legacies, bequests, devises, dividends, annuities, rights, or benefits to which I am now or may in the future become entitled, regardless of the identity of the individual or public or private entity involved, including but not limited to benefits payable to or for my benefit by any governmental agency or body (such as Supplemental Social Security (SSI), Medicaid, Medicare, and Social Security Disability Insurance (SSDI)) and for the purposes of receiving Social Security benefits, my Agent is herewith appointed my "Representative Payee"; to utilize all lawful means and methods to recover such assets and/or rights, qualify me for such benefits, and claim such benefits on my behalf, and to compromise claims and grant discharges in regard to the matters described herein;

**1.12 EXERCISE ELECTIVE SHARE RIGHTS.** To elect to take against the Will and conveyances of my deceased spouse and/or any other person, if appropriate, to retain any property which I have the right to elect to retain; to file petitions pertaining to the election, including petitions to extend the time for electing and petitions for orders, decrees, and judgments; and to take all other actions that my Agent deems appropriate in order to effectuate the election; provided, however, that if any such actions by my Agent require the approval of any court, my Agent is authorized to seek such approval.

**1.13 POSTAL AUTHORITY.** To secure or receive any and all mailings, certified letters, packages, or any other such mailings which may be sent via United States Postal Service or any other third-party carrier.

**1.14 ELECTRONIC / DIGITAL ASSET AUTHORITY.**

**1.14.1** To access, use and take control of any and all of my digital devices, including, but not limited to, desktop computers, laptop computers, tablets, peripherals, storage devices, and any similar digital device.

**1.14.2** To access, modify, delete, control, transfer and otherwise deal with any and all of my digital assets, including, but not limited to, e-mails, documents, pictures, images, audio, music, video, software, licenses, domain names and registrations, and any other digital assets or digital files, if possible, regardless of the ownership of the physical device upon which the digital asset is stored.

**1.14.3** To access, modify, delete, control, transfer and otherwise deal with any and all of my digital accounts, including, but not limited to, e-mail accounts, social network accounts, financial management accounts, domain registration accounts, domain name service accounts, web hosting accounts, tax preparation accounts, online stores, affiliate programs, online gaming and gambling accounts and all other online accounts, if possible.

## II. LIMITATIONS

Notwithstanding the powers contained in this durable power of attorney, my Agent may not:

- 2.1 Perform duties under a contract that requires the exercise of my personal services;
- 2.2 Make any affidavit as to my personal knowledge;
- 2.3 Vote in any public election on my behalf;
- 2.4 Execute or revoke any will or codicil on my behalf;
- 2.5 Exercise powers and authority granted to me as trustee or as court-appointed fiduciary.

## III. STANDARD OF CARE

Except as otherwise provided herein, any Agent named herein is a fiduciary who must observe the standards of care applicable to trustees as described in section 736.0801, *Florida Statutes*. My Agent is not liable to third parties for any act pursuant to this durable power of attorney if the act was authorized at the time. If the exercise of the power is improper, my Agent is liable to interested persons as described in section 731.201, *Florida Statutes*, for damage or loss resulting from a breach of fiduciary duty by my Agent to the same extent as the trustee of an express trust. If my Agent has accepted appointment either expressly in writing or by acting under the power, my Agent is not excused from liability for failure either to participate in the administration of assets subject to the power or for failure to attempt to prevent a breach of fiduciary obligations thereunder.

## IV. MULTIPLE AGENTS WHEN JOINT ACTION REQUIRED

[This Article is purposely deleted]

## V. INTERPRETATION AND GOVERNING LAW

This instrument is executed by me in the State of Florida, but it is my intention that this power of attorney shall be exercisable in any other state or jurisdiction where I may have any property or interests in property.

This instrument is to be construed and interpreted as a durable power of attorney as provided for in section 709.2104, *Florida Statutes*, as the statute may be amended from time to time. The enumeration of specific powers herein is not intended to, nor does it, limit or restrict the general powers herein granted to my Agent. This instrument is executed and delivered in the State of Florida, and the laws of the State of Florida shall govern all questions as to the validity of this power and the construction of its provisions.

THE ANGELA MARIA NARVAEZ  
POWER OF ATTORNEY

Page 6

  
Initials

## **VI. THIRD PARTY PROTECTION**

**6.1** Any third party may rely upon the authority granted in my Durable Power of Attorney until the third party has received notice as provided herein.

**6.2** Until a third party has received notice of revocation pursuant to the terms contained herein, partial or complete termination of the Durable Power of Attorney by adjudication of incapacity, suspension by initiation of proceedings to determine incapacity, my death, or the occurrence of an event referenced in this Durable Power of Attorney, the third party may act in reliance upon the authority granted in this Durable Power of Attorney.

**6.3** A third party that has not received written notice hereunder may, but need not, require that my attorney in fact execute an affidavit stating that there has been no revocation, partial or complete termination, or suspension of the Durable Power of Attorney at the time the power of attorney is exercised.

**6.4** Third parties who act in reliance upon the authority granted to my attorney in fact hereunder and in accordance with the instructions of the attorney in fact will be held harmless by me from any loss suffered or liability incurred as a result of actions taken prior to receipt of written notice of revocation, suspension, notice of a petition to determinate incapacity, partial or complete termination, or my death. A person who acts in good faith upon any representation, direction, decision, or act of my attorney in fact is not liable to me or to my estate, beneficiaries, or joint owners for those acts.

**6.5** A notice, including, but not limited to, a notice of revocation, partial or complete termination, suspension, or otherwise, is not effective until written notice is served upon my attorney in fact or any third persons relying upon this Durable Power of Attorney.

Notice must be in writing and served on the person or entity to be bound by such notice. Service may be by any form of mail that requires a signed receipt or by personal delivery as provided in the Florida Statutes for service of process, and must otherwise be in accordance with section 709.2121, *Florida Statutes*.

## **VII. DAMAGES AND COSTS**

In any judicial action regarding this durable power of attorney, including, but not limited to, the unreasonable refusal of a third party to allow an Agent to act pursuant to the power, and challenges to the proper exercise of authority by the Agent, per statute, the prevailing party is entitled to damages and costs, including reasonable attorney's fees.

## **VIII. MISCELLANEOUS**

I hereby confirm all acts of my attorney in fact pursuant to this power.

I reserve the right to alter, amend or revoke this instrument by written notice served upon my attorney in fact and/or upon any third party relying on this instrument.

Any act that is done under this power between the revocation of this instrument and notice of that revocation to my attorney in fact shall be valid unless the person claiming the benefit of the act had notice of that revocation.

This Power of Attorney shall be effective on the date hereof.

## **IX. GRANT OF SPECIFIC POWERS**

My Agent **MAY NOT** do any of the following enumerated acts for me **UNLESS** I have initialed next to the specific power listed below:

☐ **9.1** Disclaim or refuse any interest in property receivable by me by reason of gift, devise, power or appointment or operation of law, as my Agent shall deem appropriate and in my best interest, provided such disclaimer or refusal is consistent with any applicable state law and the provisions of section 2518 of the Internal Revenue Code of 1986 (as subsequently amended).

☐ **9.2** Make a gift, subject to 709.2202(1)(c), *Florida Statutes*.

☐ **9.3** Make a gift or gifts in excess of a gift authorized in the preceding Articles for the purpose of maintaining or continuing a gifting plan to minimize estate taxes. This power to make gift transfers is specifically limited as follows: (a) My Agent shall effect a gift of my property to himself or herself, his or her creditors, his or her estate, or the creditors of his or her estate only to the extent, in all events, that such gift during each calendar year does not exceed the greater of \$5,000 or 5% of the aggregate value of the assets in my gross estate, as determined on December 31 of each calendar year and in accordance with the then applicable estate and gift tax provisions of the Internal Revenue Code; (b) My Agent shall not make gifts that will have the effect of discharging his or her legal obligation of support; and (c) When making gift transfers, my Agent shall treat all members of the same generation equally. The power to make gift transfers granted to my Agent shall include the authority to pay tuition and medical costs of beneficiaries of such transfers and the authority to elect to join in a gift made by my spouse, if any, to effect "gift-splitting" under section 2513 of the Internal Revenue Code of 1986 (as subsequently amended). In addition to the foregoing, my Agent shall have full power and authority to exercise any right to allocate generation-skipping tax exemptions.

*Am* 9.4 Create and fund an inter vivos revocable trust or irrevocable trust.

*Am* 9.5 (i) Create and fund a self-settled special needs trust under United States Code, Title 42, Section 1396p(d)(4)(A); (ii) create and fund a qualified income only trust ("Miller Trust") under United States Code, Title 42, Section 1396p(d)(4)(B) if such a trust should be deemed necessary to comply with applicable Medicaid rules and regulations and as may further be described under the Florida Department of Children and Families (or any subsequent agency) Program Policy Manual; (iii) create, fund or sign all necessary documents to allow me to join any trust qualifying under United States Code, Title 42, Section 1396p(d)(4)(c) and transfer any portion of my assets to this trust; (iv) create a trust, the terms of which provide for the creation of a qualifying supplemental needs trust for my spouse under Section 732.2025(8), Florida Statutes; (v) create a trust, the terms of which provide for the creation of an elective share trust for my spouse under Section 732.2025(2), Florida Statutes; (vi) execute any spousal refusal documents on my behalf; and (vii) do any and all things necessary for Medicaid planning, including restructuring my assets in order to qualify.

*Am* 9.6 If my Agent, in my Agent's sole discretion, has determined that I need nursing home or other long-term medical care and that I will receive proper medical care whether I privately pay for such care or if I am a recipient of Title XIX (Medicaid) or other public benefits, then my agent shall have the power: (i) to take any and all steps necessary, in my Agent's judgment, to obtain and maintain my eligibility for any and all public benefits and entitlement programs, including, if necessary, creating and funding a qualified income trust or special needs trust for me or a disabled child, if any; (ii) to transfer with or without consideration my assets to my descendants (if any), or to my natural heirs at law or to the persons named as beneficiaries under my last will and testament or a revocable living trust which I may have established, including my Agent, even if doing so may be considered self-dealing; and (iii) to enter into a personal services contract for my benefit, including entering into such contract with my agent, even if doing so may be considered self-dealing. Such public benefits and entitlement programs shall include, but are not limited to, Social Security, Supplemental Security Income, Medicare, Medicaid and Veterans benefits.

☐ 9.7 With respect to a trust created by me or on my behalf, amend, modify, revoke, or terminate the trust, but only if the trust instrument explicitly provides for amendment, modification, revocation, or termination by the settlor's agent.

☐ 9.8 Create or change rights of survivorship.

☐ 9.9 Create or change a beneficiary designation.

☐ 9.10 Waive my right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan.

AmM 9.11 Access, use and take control of all digital devices that I may own, including, but not limited to, desktop computers, laptop computers, tablets, peripherals, storage devices, and any similar digital device. Access, modify, delete, control, transfer and otherwise deal with any and all digital assets that I may own, including, but not limited to, e-mails, documents, pictures, images, audio, music, video, software, licenses, domain names and registrations, and any other digital assets or digital files, regardless of the ownership of the physical device upon which the digital asset is stored. Access, modify, delete, control, transfer and otherwise deal with any digital accounts that I may own, including, but not limited to, e-mail accounts, social network accounts, financial management accounts, domain registration accounts, domain name service accounts, web hosting accounts, tax preparation accounts, online stores, affiliate programs, and all other online accounts.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 3 day of September, 2024.

[Signature]  
WITNESS  
[Signature]  
WITNESS

[Signature]  
ANGELA MARIA NARVAEZ

STATE OF FLORIDA     )  
COUNTY OF BROWARD    )

BE IT KNOWN THAT on this 3 day of September, 2024, the foregoing instrument was acknowledged, before me, a Notary Public, by means of ☒ physical presence or ☐ online notarization, by ANGELA MARIA NARVAEZ, who is ☐ personally known to me or ☒ has produced FLORIDA DRIVER'S LICENSE as identification.

My Commission Expires:

[Signature]  
NOTARY PUBLIC



ADAM SCOTT GOLDBERG  
Commission # HH 522147  
Expires August 27, 2028



Florida

DRIVER LICENSE



CLASS E

DL# G520-421-90-207-0

NAME

GOMEZ

JAIANE ANDRES

384 COCONUT CTR

WESTON, FL 33326-3317

DOB 06/07/1990 SEX F

EXP 06/07/2022 HGT 5-07

WEIGHT NONE HAIR NONE

POINTER

EXP 11/25/2013

DOB 06/07/1990

EXPIRED 11/25/2021

Obtention of a license without the cooperation  
of the Department of Transportation is prohibited by law.



Florida

DRIVER LICENSE



USA

N612-013-60-725-0

9 CLASS E



NARVAEZ  
ANGELA MARIA  
384 COCONUT CIR  
WESTON FL 33326

DOB 05/25/1960 SEX F

EXP 06/25/2027 HGT 5-03"

REST A END NONE

SAFE DRIVER

ISS 01/08/2019

SDD S051901080370

Operation of a motor vehicle constitutes  
consent to any sobriety test required by law.