# L84192

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLS HASSEE ELOSSIONS

SECRETARY OF STATE

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### **LAZARUS**

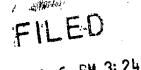
#### **CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

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	,	Office Use Only
PORATION NAME(S) & DOC	UMENT NUMBER(S), (	(if known):
$ \underbrace{\sum \in \mathcal{L}  R_{10}  \varepsilon}_{\text{(Corporation Name)}} $	ASSOCIATO (Document #)	Es, P.A.
	•	
(Corporation Name)	(Document #)	<b>N</b>
(Corporation Name)	(Document #)	<del></del>
(Corporation Name)	(Document #)	
Walk in Pick up time	2.00	Certified Copy
Mail out Will wait	Photocopy	Certificate of Status
W FILINGS	<b>AMENDMENTS</b>	
Profit	Amendment	
Not for Profit Limited Liability	Resignation of Change of Reg	R.A., Officer/Director
Domestication	Dissolution/W	
Other	☐ Merger	
THER FILINGS	REGISTRATION	/QUALIFICATION
Annual Report	Foreign	
Fictitious Name	Limited Partne	
	Reinstatement	
	☐ Trademark☐ Other	
031(7/97)		<b>Examiner's Initials</b>

#### **Articles of Amendment Articles of Incorporation** of



DEL RIO & ASSOCIATES, P.A.

(Name of Corporation as currently filed with the Florida Dept. of State

L84192 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

	N/A	The new
name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "Corp," "Inc	e," or "Co". A professional corporation
B. Enter new principal office address, if a (Principal office address MUST BE A STR		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
D. If amending the registered agent and/onew registered agent and/or the new r		n Florida, enter the name of the
Name of New Registered Agent:	N/A	
New Registered Office Address:	(Florida street a	ddress)
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if char I hereby accept the appointment as registere	nging Registered Agent:	•

## 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
.D	Franklin Del Rio	5975 Sunset Drive #404 Miami, Fl 33143	
(attach ad	lditional sheets, if necessary). (Be sp	pecific)	
	· ·		······································
<b>provisio</b> ( <i>if no</i>	nendment provides for an exchange, ns for implementing the amendment of applicable, indicate N/A) e share has been transfer to Dr.	if not contained in the amendme	nt itself:
		•	

The date of each amendmen	t(s) adoption: October 30, 2010
Effective date <u>if applicable</u> :	October 30, 2010  October 30, 2010
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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)
	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated 10/3	0/10
Signature	Liller du Zi U.S.
(By sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	GILLERMO DEL RIO
	(Typed or printed name of person signing)
	President
	(Title of person signing)