P00000041131

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Amend 10,15,13

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Cohen Rui	z P.A.			
DOCUMENT NUMBER: P0000041137					
The enclosed Articles of Amenda					
Please return all correspondence	concerning this matt	er to the following:			
Chad	M. Freedma	ın, Esq.			
		Name of Contact Person	1		
Coher	ı Ruiz P.A.		•		
		Firm/ Company			
201 S	outh Biscayı	ne Blvd., Suite	850		
		Address			
Miami	/Florida 331	31			
		City/ State and Zip Cod	e		
cmf@coh	enruiz.com				
_		ed for future annual report	notification)		
	•	•	,		
For further information concerning	g this matter, please	e call:			
Chad M. Freedman	, Esq.	at (305	, 702-3000		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the follow	ving amount made p	ayable to the Florida Depa	artment of State:		
	.75 Filing Fce & tificate 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 Addre Amendment Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301		

Articles of Amendment to Articles of Incorporation of



Cohen Ruiz P.A.	, J
(Name of Corporation as current)	y filed with the Florida Dept. of State)
P00000041137	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	e corporation:
N/A	The new
	word "corporation," "company," or "incorporated" or the abbreviation orp," "Inc," or "Co". A professional corporation name must contain the the abbreviation "P.A."
	N/A
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET A	
C. Enter new mailing address, if applicable:	NI/A
(Mailing address <u>MAY BE A POST OFFICE</u>	BOX) N/A
D. If amending the registered agent and/or reginew registered agent and/or the new register	stered office address in Florida, enter the name of the
NI/A	ed once uda ess.
Name of New Registered Agent	
NI/A	(Florida street address)
New Registered Office Address: N/A	, Florida(City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing	
I hereby accept the appointment as registered ager	nt. I am familiar with and accept the obligations of the position.
Signature o	f 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 <math>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: XChange	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TD	Michele S. Primeau	201 South Biscayne
X			Blvd., Suite 850
Remove			Miami, FL 33131
2) Change	VD	Mario M. Ruiz	201 South Biscayne
X	- 		Blvd., Suite 850
Remove			Miami, FL 33131
3) Change	1		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Ramova			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
 	
	- · · · · · · · · · · · · · · · · · · ·
If an amendment provides for an eych	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: January 1, 2013
Effective date if applicable: January 1, 2013
(no more than 90 days after amendment file date)
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)
(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.
Dated January 10, 2013
Signature
(By a director, president or other officer – if directors 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)
Robert A. Cohen
(Typed or printed name of person signing)
President
(Title of person signing)