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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: RAPHAEL E. PEREZ, MD, OD, MBA, INC.					
DOCUMENT NUMBER: P00000107117					
The enclosed Articles of Amendment					
Please return all correspondence conc	-				
RAPHAEL E.	PEREZ-BLANCO				
	Name of Contact Person				
RAPHAEL E.	PEREZ, MD, OD, MBA, INC.				
	Firm/ Company				
524 FERNWO	OD RD.				
	Address				
KEY BISCAY	NE, FL 33149				
	City/ State and Zip Code				
rcperezb@hotmail.co	m.				
E-mail add	ress: (to be used for future annual report notification)				
For further information concerning this					
EDUARDO DIAZ	at (305) 444-2142 Area Code & Daytime Telephone Number				
Name of Contact Person RANAEL C. PEREZ Enclosed is a check for the following a	Area Code & Daytime Telephone Number (786) 853-1079 mount made payable to the Florida Department of State:				
□ \$35 Filing Fee □\$43.75 File Certificat	ling Fee & S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	Clifton Building				

211 NIG-4 AT 9:50

Articles of Amendment to Articles of Incorporation of



RAPHAEL E.PEREZ, MD, OD, MBA, INC.

	of Corporation as current	ly filed with the Florida Dent. of State)
P00000107117		
	(Document Number of	of Corporation (if known)
tursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment
. If amending name, enter the new na	ame of the corporation:	
N/A		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
3. Enter new principal office address.	if applicable:	N/A
Principal office address MUST BE A S	TREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N1/A
		N/A
). If amending the registered agent an		ress in Florida, enter the name of the
		=
new registered agent and/or the new	N/A	
new registered agent and/or the new	N/A	reel address)
Name of New Registered Agent	N/A (Florida str	reet address)
new registered agent and/or the new	N/A	reel address), Florida (City) (Zip Code)

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.

X Change	<u>PT</u>	John D	<u>Oc</u>			
X Remove	¥	Mike Jones				
_X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>		Name	Address		
l) Change	<u>s</u>	_	CRISTINA G. PEREZ-BLANCO	524 FERNWOOD RD.		
XAdd				KEY BISCAYNE, FL 33149		
Remove						
2) Change		_				
Add						
Remove						
3) Change		_		-		
Add						
Remove				···		
4) Change	-	_				
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change		_				
Add						
Remove						

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
A	• • •
	
	
f an amendment provides for an excha	inge, reclassification, or cancellation of issued shares,
<u>provisions for implementing the amen</u>	dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<u></u>	

The date of each amendment(s) add	ption:	, if other than the
date this document was signed. AUGI	UST 2, 2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Depr	ck does not meet the applicable statutory filing requirements, this datasetment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes cast for the amendment(s icient for approval.)
	eved by the shareholders through voting groups. The following statement or chivoting group entitled to vote separately on the amendment(s):	ni
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	.,	
	(voting group)	
The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
AUGUST 2,	2017	
Signature	Male	
(By a dire	ctor, president or other officer - if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
R	APHAEL E. PEREZ-BLANCO	
-	(Typed or printed name of person signing)	
P	RESIDENT & DIRECTOR	
_	(Title of person signing)	***