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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LAUREN FERNA	NDEZ, PA	
DOCUMENT NUMB	PATAAAA3993		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	LAUREN FERNANDEZ		
•	-	Name of Contact Person	1
	LAUREN FERNANDEZ, P.	Α.	
		Firm/ Company	
	7270 NW 12th STREET, TO	WER 2, SUITE 640	
		Address	
	MIAMI, FLORIDA 33126		
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code	3
	SURETYLAWYER@HOTM	1AIL.COM	
,	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, please		326-1000
Name of Contact Person		at (Area Co) 326-1000 de & Daytime Telephone Number
Enclosed is a check for	the following amount made		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

LAUREN FERNANDEZ, P.A.

(Name	of Corporation as currently	filed with the Florida Do	ept. of State)	
P01000003993	or conportation as ear retter,			
	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Fa	lorida Profit Corporation	adopts the following an	nendment(s) t
A. If amending name, enter the new n	ame of the corporation:			
			$_{\it Th}$	e new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co". A	mpany," or "incorporated professional corporation	d" or the abbreviation "(name must contain th	Corp.," e word
B. Enter new principal office address,	if applicable:			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)			
				
C. Enter new mailing address, if appl				
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)		 	
		·		
D. If amending the registered agent as	nd/or registered office addre	ss in Florida, enter t <u>he r</u>	name of the	
new registered agent and/or the ne	w registered office address:		-	
Name of New Registered Agent	FERNANDEZ, LAUREN R	ESQ		
	7270 NW 12th Street, TOW	ER 2, SUITE 640		
	(Florida stree	et address)		
New Registered Office Address:	MIAMI		. Florida 33126	
15 CW Registered Office Pladress.	(0	City)	(Zip Code	·)
New Registered Agent's Signature, if c I hereby accept the appointment as regis	changing Registered Agent: tered agent. I am familiar wi	th and accept the obligati	ons of the position.	
	Signature of New Per	gistered Agent, if changing		
	Signature of New Key	paterea agent, ij enunging	5	
Check if applicable				

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

_ Remove

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	<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) X Change	P	FERNANDEZ, LAUREN R, ESQ	7270 NW 12th STREET, TOWER 2, SUITE 640
Add			MIAMI, FL. 33126
Remove			
2) Change			
Add			-
Remove 3) Change	****		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			 -
6) Change			
Add			

	lding additional Ar sheets, if necessary).	(Be specific)			
					
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f an amendment	provides for an exc	change, reclassificati	ion, or cancellatio	on of issued shares,	
i-i	ipiementing the an	iengment ir not Com	ameu in the amei	iditent itsen.	
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The date of each amendment(s) and this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date	e)
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac action was not required.	opted by the incorporators, or board of directors without sharel	holder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes east for the an ufficient for approval.	nendment(s)
	proved by the shareholders through voting groups. The follows reach voting group entitled to vote separately on the amendme	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	<u></u> .	
	(voting group)	
Dated	BER 27. 2022	
select	director, president or other officer – if directors or officers have ed, by an incorporator – if in the hands of a receiver, trustee, or need fiduciary by that fiduciary)	
	LAUREN FERNANDEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<u> </u>