P01000012494

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(A	ddress)	_
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Amend

AUG () 9 2019 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR.	ATION: HERRERA LAW	FIRM, P.A.		
DOCUMENT NUMB				
The enclosed Articles of	f Amendment and fee are su	bmitted for fill	ng.	
Please return all corresp	ondence concerning this ma	tter to the follo	wing:	
J	OSE-TRELLES HERRERA			
-		Name of C	ontact Person	1
ī	HERRERA LAW FIRM, P.A	۸.		
_		Firm/ 0	Company	
2	2350 CORAL WAY SUITE	201		
_		Ad	dress	
1	MIAMI, FLORIDA 33145			
_		City/ State	and Zip Cod	e
ЈТ НЕ Б	RRERA@HERRERALAWF	IRM.COM		
	E-mail address: (to be us	sed for future a	nnual report	notification)
For further information	concerning this matter, pleas	se call:		
JOSE-TRELLES HER	RERA	at :	305	445-1100
Name o	Contact Person			de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the	Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified (Additional enclosed)	Copy d copy is	
Mailing Address				Address
Amendment Section			Amendment Section Division of Corporations	
Division of Corporations P.O. Box 6327		Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

HERRERA LAW FIRM, P.A.

(<u>Name</u>)	of Corporation as currently f	led with the Florida Dept. of State)	
P01000012494			
	(Document Number of C	orporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this Flo	prida Profit Corporation adopts the following	owing amendment(s
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	uation "Corp." "Inc." or "Co	". A professional corporation name n	
B. Enter new principal office address,	if applicable:		
(Principal office address MUST BE A S			
C. Enter new mailing address, if appl	icable:		
(Mailing address MAY BE A POST			
D. If amending the registered agent ar new registered agent and/or the ne		s in Florida, enter the name of the	776
Name of New Registered Agent	JOSE-TRELLES HERRERA		
	2350 CORAL WAY SUITE	201	
	(Florida street		
New Registered Office Address:	MIAMI	, Florida 331	45
	(Ci	<u>.</u> , 1 1013da	(Zip Code)
New Registered Agent's Signature, if c		and the state of the state of the state of	
I hereby accept the appointment as regist	tered agent. Tam jamunar witi	i and accept the obligations of the posit	ion.
	" Hum'		
	Signature of New Reg	istered Agent, if changing	
	[//		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 = Cl. Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each off 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 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 Doc	
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	PSD	HERRERA, JOSE M	2350 CORAL WAY
Add			SUITE 201
X Remove			MIAMI, FLORIDA 33145
2) Change	PSD	HERRERA, JOSE-TRELLES	2350 CORAL WAY
X Add			SUITE 201
Remove			MIAMI, FLORIDA 33145
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pomova			

E. <u>If amending or adding additional Arti</u>	<u>cles, enter change(s) here</u> :
(Attach additional sheets, if necessary).	(Be specific)
	<u> </u>
	
F. If an amendment provides for an exch	ange, 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)	ndment if not contained in the amendment itself:
	

The date of each amendment(s) adoption:	_, if other than
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	not be listed as
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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)	
☐ 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 '7/29/19 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)	-
Jose-Felles Herrery	
(Typed or printed name of person signing)	
President Secretary	
(Title of person signing)	