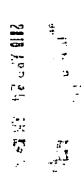
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Office Use Only



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COVER LETTER

The second secon NAME OF CORPORATION: David W. Veliz P.A. DOCUMENT NUMBER: <u>PO 1000019626</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: David VC//Z
Name of Contact Person Pavid W. Veliz P.A. 425 W. Colonial Prive, Suite 104 Orlando, FC 32804 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: David Veliz

Name of Contact Person

at (40), 844-7072

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Division of Corporations

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment **Articles of Incorporation**



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

PO1000019676

ent(s) to

(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amend as Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain word "chartered," "professional association," or the abbreviation "P.A."
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address:
Name of New Registered Agent
(Florida street address)
New Registered Office Address: Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent.—I am familiar with and accept the obligations of the position.
Signature of 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:

 $P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C \approx Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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> Johr	n Doe			
X Remove	<u>V</u> <u>Mike Jones</u>				
X Add	<u>SV</u> <u>Sall</u>	y <u>Smith</u>			
Type of Action (Check One)	Title	Name	<u>Addres</u> s		
1) <u>X</u> Change	PT	David W. Veliz	2925 Warmer Trail		
Add			Martland, Fe 3275/		
Remove					
2) Change	<u>V 5</u>	Norberto S. Katz	931 Thistle Lane N Maitland, R 3275/		
Add			Maitimo, 12 32 11/		
Remove 3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

If amending or addit (Attach additional she	ng additional Artic vets, if necessary).	les, enter change((Be specific)	s) here:		
		1			
	N/T				
	_ /				
					-
		<u>.</u> .			_
				-	
				<u>-</u>	<u>-</u>
					
					
If an amendment proprovisions for imple	ovides for an excha	inge, reclassificati idment if not cont	on, or cancellatio	on of issued shares	ف
(if not applicabl	e. indicate N/A)				
	N	/A		.	
		(- 	-		-
			 -		
					
			_		
	_				,

The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date if applicable:	
(no more tha	n 90 days after amendment file date)
Note: If the date inserted in this block does not meet the appropriate document's effective date on the Department of State's records	plicable statutory filing requirements, this date will not be listed as $\frac{1}{2}$.
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. I by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders to must be separately provided for each voting group entitled	
"The number of votes cast for the amendment(s) was/v	were sufficient for approval
by	<u></u>
(voting group)	
☐ The amendment(s) was/were adopted by the board of direct action was not required.	ors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators was not required.	vithout shareholder action and shareholder
Dated 4-19-20/8	<u>/</u>
C	
(By a director, president or other o	fficer – if directors or officers have not been the hands of a receiver, trustee, or other court ry)
Day	ud 11/ 1/e/17 -
(Typed or printe	ed name of person signing)
Pres	ident le of person signing)
(Tit	le of person signing)

the

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